



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

December 11, 2014

Mary Walts
P.O. BOX 175
Bellaire, MI 49615

RE: Application #: AF050368882
Walts AFC Home
4891 Grange Hall Rd.
Bellaire, MI 49615

Dear Ms. Walts:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9720.

Sincerely,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF050368882
Applicant Name:	Mary Walts
Applicant Address:	4891 Grange Hall Rd. Bellaire, MI 49615
Applicant Telephone #:	(231) 533-4625
Administrator/Licensee Designee:	N/A
Name of Facility:	Walts AFC Home
Facility Address:	4891 Grange Hall Rd. Bellaire, MI 49615
Facility Telephone #:	(231) 533-4625
Application Date:	10/31/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

10/31/2014	Enrollment
11/14/2014	Application Incomplete Letter Sent
12/05/2014	Inspection Completed-Env. Health: A
12/10/2014	Application Incomplete Letter Sent
12/10/2014	Inspection Completed On-site
12/11/2014	Application Complete/On-site Needed
12/11/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This family home is located in a rural wooded area, approximately five miles south of Bellaire. The home is a two-story, with a walk-out lower level for resident use. The lower level consist of a kitchen/dining area, living room, two resident bedrooms, full bathroom, office, non-resident bedroom, pantry and utility room. The upper area is the private living quarters of the applicant. There is a living room, dining room, kitchen, 4 bedrooms and two full bathrooms.

The home utilizes propane for the water heater and furnace which is located in the utility room on the lower level.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

The facility has private water and septic system. An environmental health inspection was conducted on November 24, 2014. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 22'	286	4
2	13' x 13'8"	177	2

The indoor living and dining areas measure a total of 340 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Mary Walts, intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female residents who are developmentally disabled or aged. The applicant intends to accept referrals from local community mental health agencies, department of human services and private payment sources. Ms. Walts was previously licensed to provide adult foster care at this home from February 2002 to September 2012. Initially, Ms. Walts operated an adult foster care home in Lapeer, Michigan beginning in 1982.

Programs for the developmentally disabled residents will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; and opportunity for involvement in educational, day programs or employment.

Programs for the aged residents will include assistance with activities of daily living, recreational activities, leisure activities, community interaction, and health and fitness activities.

If required for the developmentally disabled residents, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public schools and library, local museums, shopping centers, churches, parks and local events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents and personal income.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for four residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care

service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

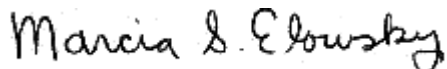
The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

C. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).



12/11/14

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:



12/11/14

Betsy Montgomery
Area Manager

Date