



RICK SNYDER  
GOVERNOR

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



NICK LYON  
INTERIM DIRECTOR

February 25, 2015

Randy Kroll  
5555 E. Metz Hwy.  
Posen, MI 49776

RE: Application #: AF710366308  
Orchard Manor AFC  
5555 E. Metz Hwy.  
Posen, MI 49776

Dear Mr. Kroll:

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

Sincerely,

Kathleen Gutierrez, Licensing Consultant  
Bureau of Children and Adult Licensing  
711 W Chisholm  
Alpena, MI 49707  
(989) 464-8723

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF710366308
<b>Licensee Name:</b>	Randy Kroll
<b>Licensee Address:</b>	5555 E. Metz Hwy. Posen, MI 49776
<b>Licensee Telephone #:</b>	(989) 292-0998
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Orchard Manor AFC
<b>Facility Address:</b>	5555 E. Metz Hwy. Posen, MI 49776
<b>Facility Telephone #:</b>	(989) 766-2661
<b>Application Date:</b>	09/23/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

09/23/2014	On-Line Enrollment
09/24/2014	Application Incomplete Letter Sent fingerprint for Pamela and a 1326 for Michaelene Kroll
09/24/2014	Application Incomplete Letter Sent fingerprint for Randy Kroll
10/24/2014	Application Incomplete Letter Sent
12/19/2014	Contact - Telephone call received Call inquiring on status of license. Informed I am waiting for documents requested in Incomplete Appl letter. Requested another incomplete application letter be sent.
12/19/2014	Copy of Application Incomplete Letter Sent
02/09/2015	Contact - Document Received Received most of required documents. Still missing medical for household member.
02/17/2015	Contact - Telephone call received Call from Ms. Kroll stating they mailed in medical for household member.
02/18/2015	Contact - Telephone call made
02/18/2015	Contact - Document Received Received medical on member of household.
02/18/2015	Application Complete/On-site Needed
02/19/2015	Inspection Completed On-site
02/19/2015	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This one and a half story, vinyl and brick sided home is located in a rural setting about 3 miles northwest of Posen, Michigan. An addition to the original home was built in 2002 to be used for the Adult Foster Care (AFC) residents. The family will reside in the original portion of the facility. The ground level addition connects to the original home by a sunroom, which then leads into a sitting area, dining room and kitchen. Just beyond the kitchen/dining room area are a living room and a hallway with 3 bedrooms, 2 bathrooms and laundry room. Another bedroom for residents is in the original home just off the sunroom. The home utilizes a private water supply and sewage disposal system.

There are two furnaces, and two water heaters. One furnace and water heater is located in the laundry area of the addition and the other furnace and water heater are located in the basement of the original portion of the facility. Both furnaces and water heaters are fueled by an outside wood burner as well as propane backup. The furnace and hot water heater located in the basement are equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

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. Smoke detectors have been installed near sleeping areas, in the basement and near all flame- or heat-producing equipment.

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 10' 6"	136.5	2
2	11' 6" X 10' 7"	124	1
3	14' X 12' 6"	175	2
4	12' X 11' 8"	140	1

The indoor living and dining areas measure a total of 1028 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 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 6 male and/or female residents who are aged. The program will include social interaction. The applicant intends to accept referrals from Presque Isle County DHS, Veterans Administration or residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including weekly visits from volunteers that conduct Bingo games, work with residents on puzzles, and play cards. There are also weekly spiritual visits from several area churches. Family and friends are encouraged to participate in the activities at the home and visit with residents as well as to take residents to local restaurants, festivals and parades. These resources provide an environment to enhance the quality of life 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.

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 6 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](http://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 indicated 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 acknowledged 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

### **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.

