



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

April 27, 2015

Julayne Chinn and Steven Chinn
4886 W. Monroe Road
Alma, MI 48801

RE: Application #: AF290370296
Shady Pines AFC
4886 W. Monroe Road
Alma, MI 48801

Dear Julayne and Steven Chinn:

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 3 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,

A handwritten signature in dark ink that reads "Dawn Timm".

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
5303 S Cedar
PO Box 30321
Lansing, MI 48909
(517) 899-5675

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF290370296
Applicant Name:	Julayne Chinn and Steven Chinn
Applicant Address:	4886 W. Monroe Road Alma, MI 48801
Applicant Telephone #:	(989) 576-0537
Administrator	N/A
Licensee Designee:	N/A
Name of Facility:	Shady Pines AFC
Facility Address:	4886 W. Monroe Road Alma, MI 48801
Facility Telephone #:	(989) 463-4232
Application Date:	12/16/2014
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/16/2014	Enrollment
12/18/2014	Contact - Document Received MedClr&TB/Julayne&Steven,TB/Dusty.
12/26/2014	PSOR on Address Completed
01/05/2015	Inspection Report Requested - Health
01/05/2015	Application Complete/On-site Needed
01/05/2015	File Transferred To Field Office Lansing.
01/05/2015	Contact - Document Sent Act&Rules.
01/21/2015	Inspection Completed-Env. Health : A
02/03/2015	Application Incomplete Letter Sent
03/17/2015	Inspection Completed On-site
03/17/2015	Inspection Completed-BCAL Sub. Compliance
04/22/2015	Inspection Completed On-site
04/23/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Shady Pines AFC is a two-story Cape Cod style, newly built family home located a few miles west of Alma, Michigan, on a busy two lane highway (M-46) in rural Gratiot County. The front of the home has a long front porch area that residents can enjoy during the warm months and upon entering the home from the main entrance, residents are greeted to an open floor plan with cathedral ceilings, a stone fire place, and a large living area. The stairs leading to the second story of the home, which is used solely by the family members of the home, is near the front entry way to the facility. After going up the stairs there is a landing/balcony that overlooks the downstairs living area and surrounds the four family bedrooms, one master bedroom, storage room, full bathroom, and master bathroom. The main floor of the family home also has a large dining area, large kitchen, small library, laundry room, mud room, and half- bathroom. The three single resident bedrooms are located on the east end of the family home. The residents

also have access to their own sitting area for private family/friend visits, a craft room, and a full bathroom.

Entrances/exits to the home are located at the front, off of the dining room, and from the mud room to the garage. The facility is not wheelchair accessible at this time, so residents who need to use wheelchairs to assist with mobility will not be able to safely navigate this facility. The family home utilizes a private water and sewage disposal system which was inspected by the Mid-Michigan District Health Department on 01/21/2015 and approved with an 'A' rating.

The facility uses an outdoor wood burner to heat the family home, but the wood burner is also connected to a propane heating unit and air conditioner. The propane furnace and water heater are located in the basement of the facility. The entrance to the basement is equipped with a solid wood core door that has an automatic self-closing device and positive latching door 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, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. Fire extinguishers are also located on each level of the family home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	10'9" x 9'10"	105.67 sq. feet	One bed
Room #2	10'9" x 9'10"	105.67 sq. feet	One bed
Room # 3	9'8" x 9'10"	94.95 sq. feet	One bed
Living area	18'9" x 18'0"	337.5 sq. feet	
Sitting room	17'8" x 9'8"	170.60 sq. feet	

The indoor living and dining areas measure a total of 508.1 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three male and/or female residents who are developmentally disabled. The program will include (social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment) and transportation. The applicant intends to accept referrals from Gratiot County DHS, Gratiot CMH, or residents with private sources for payment.

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(s) to utilize local community resources for recreational activities including the local library, local private college, shopping centers, and churches. 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 applicants, Julayne and Steven Chinn, and the responsible person, Dusty Chinn, were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicants and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents and Mr. Chinn works full-time outside of the family home.

The applicants acknowledged the requirement that the licensees 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 three residents will be the responsibility of the family home applicants, 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 applicants 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 applicants acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants 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 applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants indicate that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicants acknowledge 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 applicants 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 applicants 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 applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicants 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(s).

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

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

D. 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 six-month temporary license to this adult foster care family home with a capacity of three (3) residents.



04/24/2015

Dawn N. Timm
Licensing Consultant

Date

Approved By:



4/27/15

Betsy Montgomery
Area Manager

Date