JENNIFER M. GRANHOLM GOVERNOR DAVID C. HOLLISTER

April 29, 2003

Timothy & Agnes Kucharek 610 Charboneau Lane Gaylord, MI 49735

RE: Application #: AF690251907

Kucharek's AFC 1993 Suisse Lane Gaylord, MI 49735

Dear Mr. & Mrs. Kucharek:

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 (six month) license with a maximum capacity of 6 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Christina Gut, Area Manager, at (231) 922-5301.

Sincerely,

Marcia S. Elowsky, Licensing Consultant Bureau of Family Services Suite 13 701 S. Elmwood Traverse City, MI 49684

enclosure

# MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES BUREAU OF FAMILY SERVICES LICENSING STUDY REPORT

### I. IDENTIFYING INFORMATION

**License #**: AF690251907

**Applicant Name:** Agnes Kucharek and Timothy Kucharek

**Applicant Address:** 610 Charboneau Lane

Gaylord, MI 49735

**Applicant Telephone #:** (517) 732-4749

Administrator/Licensee Designee: N/A

Name of Facility: Kucharek's AFC

Facility Address: 1993 Suisse Lane

Gaylord, MI 49735

**Facility Telephone #:** (989) 732-4749

**Application Date:** 08/30/2002

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

#### II. METHODOLOGY

| 08/30/2002 | Enrollment  |
|------------|---|
| 09/18/2002 | Inspection Report Requested - Health  |
| 09/18/2002 | Contact - Document Sent Confirmed receipt and enrollment.   |
| 02/06/2003 | Inspection Report Requested - Health<br>Copy of request not in file, nor was it received by the<br>environmental health office. |
| 02/21/2003 | Contact - Document Received Rec'd med. cl. for both & TBs on both   |
| 02/27/2003 | Inspection Completed-Env. Health: A   |
| 04/01/2003 | Comment Transferred for onsite visit  |
| 04/23/2003 | Inspection Completed On-site  |
| 04/23/2003 | Inspection Completed-BFS Full Compliance  |

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

# A. Physical Description of Facility

This facility is a newly constructed 1-½ story cap cod home, with a full basement. There is an attached 2-car garage. On the main floor, there are 3 bedrooms for residents and 1 master bedroom for the licensees. On the main level, there are 4 bathrooms, a kitchen, living room, family room and laundry area. The upstairs consists of a large bedroom, bathroom and unfinished loft. The licensee's children will use the upstairs.

An environmental health inspection conducted by the district health department on 02/27/03 determined the facility to be in substantial compliance with applicable rules.

An on-site inspection completed by this consultant on 04/23/03 determined full compliance with applicable rules relating to physical plant. Smoke detection is located throughout the facility on all levels, which is interconnected. The furnace and hot water heater are located in the basement, therefore a solid wood core door with a self-closing device acts as a floor separation. The facility also has carbon monoxide detection on all levels.

# **B. Program Description**

Mr. and Mrs. Kucharek will be co-licensees and both will be involved with the home and care of the residents. Mr. and Mrs. Kucharek are experienced adult foster care providers who are currently caring for 5 residents at their other facility in Gaylord. Mr. and Mrs. Kucharek plan to move with the residents to this new facility once it is licensed. They are in the process of applying for a small group home licensed for the facility at 610 Charboneau in Gaylord. Mr. and Mrs. Kucharek have designated one of their on-call employees as their responsible person per family rule 4(8). Mr. and Mrs. Kucharek have applied for certification for specialized care so they can accept residents placed under contract through CMH.

## IV. RECOMMENDATION

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

| Marcia S. Elowsky    | Date |
|----------------------|------|
| Licensing Consultant |      |
| Approved By:         |      |
| Christina Gut        | Date |
| Area Manager         |      |