



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 9, 2017

Tracie Parker
Family Tree Adult Foster Care, Inc.
5165 N Waite Dr
Irons, MI 49644

RE: Application #: AM640384872
Family Tree Adult Foster Care
6699 N Oceana Dr.
Hart, MI 49420

Dear Ms. Parker:

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 12 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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM640384872
Licensee Name:	Family Tree Adult Foster Care, Inc.
Licensee Address:	6699 N. Oceana Dr. Hart, MI 49420
Licensee Telephone #:	(231) 923-8085
Administrator/Licensee Designee:	Tracie Parker, Designee
Name of Facility:	Family Tree Adult Foster Care
Facility Address:	6699 N Oceana Dr. Hart, MI 49420
Facility Telephone #:	(231) 873-7737
Application Date:	09/16/2016
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

08/20/2015	Inspection Completed-Env. Health : A Per consultant; see AM640284926
12/04/2015	Inspection Completed-Fire Safety : A Per consultant; see AM640284926
09/16/2016	On-Line Enrollment
09/21/2016	Contact - Document Sent Rule & Act booklets
09/21/2016	Contact - Document Sent e-mail to consultant about fire & environmental inspections
09/21/2016	Application Incomplete Letter Sent Rec cl, FP's, Livescan request for Tracie; rec cl for Kelly
09/21/2016	Comment FP's for Tracie & Kelly
09/22/2016	Comment No Fire Safety String requested per consultant
09/27/2016	Contact - Document Received Rec cl's, Livescan requests, med cl's & TB's for Tracie & Kelly
10/05/2016	Comment File rcvd in GR
10/31/2016	Application Incomplete Letter Sent
11/01/2016	Inspection Completed-Fire Safety : A
11/30/2016	Inspection Report Requested - Health
01/26/2017	Application Complete/On-site Needed
01/26/2017	Inspection Completed On-site
01/30/2017	Inspection Completed-Env. Health : A
02/08/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Family Tree AFC is a single story stick built ranch style home currently licensed under Oceana Seniors AM640284926. The facility is located in rural Oceana County near the city of Hart. The building is a long structure with living quarters located in the center and resident bedrooms located at each end. There are a total of 10 resident bedrooms, 8 of the resident bedrooms have an attached full bathroom and are located on the North side of the building. The remaining 2 bedrooms are located on the South side of the building and have access to a full bathroom located in the adjacent hallway. In the center of the facility are two separately located living rooms, a half bathroom, a dining room and the kitchen. The home is wheelchair accessible as there are ramps provided at 2 approved means of egress. The home has a private well and septic system.

The facility has a boiler heating system and a hot water heater located in the basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an approved pull station alarm system and a sprinkling system installed throughout. There are two fireplaces in the building which are not in use.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.42 x 16	230 sq. ft.	2
2	14 x 11.4 +2.4 x 5.66	294.8 sq. ft.	2
3	16.08 x 11.5	184.92 sq. ft.	1
4	15.66 x 10.5	164.43 sq. ft.	1
5	11.5 x 9.75	112.12 sq. ft.	1
6	10.92 x 9.92	108.32 sq. ft.	1
7	9.92 x 11.66	115.66 sq. ft.	1
8	9.83 x 11.5	113.04 sq. ft.	1
9	8.83 x 17.58 +2.5 x 5.92	170 sq. ft.	1
10	8.92 x 11.42	101.86	1

The dining and two living room areas measure a total of 768 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

An apartment, providing a permanent residence for staff, is attached to the facility. Currently the Licensee Designee occupies the apartment with her husband who is also staff. This self-contained apartment has its own entrance and consists of a living area, two bedrooms, one bath, and a kitchen. This section of the building is not licensed and is not approved for resident use.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care for up to twelve (12) male or female ambulatory adults whose diagnosis is aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Oceana County DHHS, or private pay individuals.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Family Tree Adult Foster Care, Inc., which is a "For Profit Corporation" that was established in Michigan on 9/13/2016. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Tracie Parker has been appointed Licensee Designee and Administrator. A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Parker. Ms. Parker has also submitted a medical clearance request with a statement from a physician documenting their good health and current TB negative results.

Ms. Parker has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 1 staff to 12 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in the facility in the capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, direct access to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has 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 acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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 acknowledges their 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

