



STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

JOHN ENGLER
GOVERNOR

NOELLE A. CLARK
DIRECTOR

September 3, 2002

Brenda Hendrick
10121 S Saddler Rd
Reed City, MI 49677

RE: Application #: AF430091452
Hendrick AFC
10121 S Saddler Rd
Reed City, MI 49677

Dear Mrs. Hendrick:

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 effective 09/03/2002.

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 Jack R. Failla, Area Manager, at (989) 773-6782.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Regulatory Services
310 W. Michigan
Mt. Pleasant, MI 48858
(989) 773-6773

enclosure

cc: Lake County FIA

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF REGULATORY SERVICES
ADULT FOSTER CARE LICENSING DIVISION
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF430091452
Applicant Name:	Brenda Hendrick
Applicant Address:	10121 S Saddler Rd Reed City, MI 49677
Applicant Telephone #:	(231) 832-1330
Administrator/Licensee Designee:	N/A
Name of Facility:	Hendrick AFC
Facility Address:	10121 S Saddler Rd Reed City, MI 49677
Facility Telephone #:	(231) 832-1330
Application Date:	12/22/1999
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

07/20/1999	Inquiry
12/22/1999	Enrollment
12/22/1999	Contact - Document Sent Confirming letter - application received.
06/21/2000	Inspection Completed On-site Construction not yet completed.
06/23/2000	Inspection Report Requested - Health Private well & septic.
06/23/2000	Inspection Report Requested - Fire Have added second story. 1st level is walkout.
06/23/2000	Contact - Document Sent Confirming letter for 6/21 inspection.
07/06/2000	Inspection Completed-Env. Health : D New septic required; old system too small.
07/13/2000	Inspection Completed-Fire Safety : D Gas-fired furnace and water heater.
07/31/2000	Contact - Document Sent Request for additional documentation.
01/22/2001	Contact - Document Received Copy of septic permit; Final electrical inspection.
01/22/2001	Contact - Document Received TB tests
01/22/2001	Contact - Document Received Medical Clearances received.
03/19/2001	Contact - Telephone call made Asked when ready for inspection. Applicant will return call.
03/19/2001	Contact - Document Sent Ref requests sent. (Originally had no complete addresses.)
03/26/2001	Contact - Document Received Reference received.
03/30/2001	Contact - Document Received Reference Received.
04/02/2001	Contact - Document Received Licensing Record Clearance received for applicant. OK
08/06/2001	Contact - Telephone call made Checking on readiness for inspection. Not quite finished.
09/22/2001	Inspection Completed-Env. Health : A
12/18/2001	Contact – Document Sent Letter re: Inactive Application
12/28/2001	Contact – Telephone Call Received Applicant still wants licensure
02/06/2002	Inspection Completed Onsite-BRS Preliminary
08/08/2002	Contact – Telephone Call Made Final inspection scheduled
08/21/2002	Inspection Completed-BRS Full Compliance
08/21/2002	Inspection Completed-Fire Safety: A

08/23/2002 Recommend License Issuance
09/03/2002 Supervisory Approval

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

On 08/21/2002, the consultant conducted final physical plant and fire safety inspections. An Environmental Health Inspection was conducted by the local sanitarian, and he gave final approval on 9/22/01. The facility is properly equipped with interconnected smoke detectors with battery backup in all required areas. A forced-air furnace heats the home, and received approval on 8/24/2000. The final electrical inspection was completed and approved on 11/1/2000.

This is a two-story family home, with family living quarters on the upper level. The lower level has three resident bedrooms, two having 174 sq. ft., suitable for two residents each. The third bedroom (NE) has 148 sq. ft. and could be licensed for two residents; however, the room is currently furnished with one bed. Thus, the facility has capacity for five residents.

The remainder of the lower level consists of a large living area (178 sq. ft.), dining area (279 sq. ft.), kitchen, full bath, and laundry area. A locking cabinet is provided for medications.

B. Program Description

Administrative Structure and Capability; Qualifications and Competencies

Applicant Brenda Hendrick has worked in several Adult Foster Care facilities and is accustomed to record keeping. Licensing Record Clearances were conducted without incident for the applicant and spouse, and positive references were received for the applicant. Mrs. Hendrick also has a procedure for determining good moral character of other responsible persons. The financial documents submitted provided evidence of financial stability and capability. Documents submitted show that the home is owned by John & Brenda Hendrick, with a mortgage. The medical clearances for Brenda & John Hendrick, and for responsible person Cindy Sible, indicated that all were in good health and free from communicable TB.

Program Information

Hendrick AFC will provide basic care for elderly residents. The AFC home will provide recreational activities in the home, and will provide outings for residents, as they are able to attend safely. The licensee will provide transportation to medical appointments and other activities, as needed. The home is located in a rural near Reed City, with access to shopping, restaurants, recreation, library, medical care, and churches in Reed City.

Facility and Employee Records; Resident care, services and records

Brenda Hendrick has experience with the requirements of record keeping, gained from previous employment. The consultant reviewed requirements for facility records with the applicant, discussed Resident Rights, and provided a sample resident file on 2/6/02. Full compliance with other applicable rules will be evaluated at renewal.

C. Rule/Statutory Violations

The facility was found to be in full compliance with applicable rules.

IV. RECOMMENDATION

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

Diane L Stier Date
Licensing Consultant

Approved By:

Jack R. Failla Date
Area Manager