



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 12, 2017

Charlotte Dietz  
3510 M 65 N  
LACHINE, MI 49753

RE: Application #: AS040386516  
Touch Of Country  
486 S Oliver Street  
Alpena, MI 49707

Dear Ms. Dietz:

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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste 3  
Gaylord, MI 49735  
(989) 370-8320

enclosure

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

**I. IDENTIFYING INFORMATION**

**License Application #:** AS040386516

**Licensee Name:** Charlotte Dietz

**Licensee Address:** 3510 M 65 N  
LACHINE, MI 49753

**Licensee Telephone #:** (989) 255-1728

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Touch Of Country

**Facility Address:** 486 S Oliver Street  
Alpena, MI 49707

**Facility Telephone #:** (989) 255-1728

**Application Date:** 01/19/2017

**Capacity:** 6

**Program Type:** AGED

**II. METHODOLOGY**

01/19/2017	On-Line Enrollment
01/20/2017	Application Incomplete Letter Sent needs finger print for Charlotte and a 1326 for Kari Beatty
03/02/2017	Application Incomplete Letter Sent GMC Letter sent for Charlotte Dietz.
03/13/2017	Application Incomplete Letter Sent
04/19/2017	Application Incomplete Letter Sent GMC reminder letter sent-CERTIFIED MAIL
06/08/2017	Inspection Completed On-site- reviewed financials

07/11/2017 Application Complete/On-site Needed  
 07/11/2017 Inspection Completed On-site  
 07/11/2017 Inspection Completed-BCAL Full Compliance  
 07/11/2017 Inspection Completed-Env. Health : A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Touch of Country is a one-story home with yellow siding located on the corner of Oliver and Grant St. in the City of Alpena. The facility entrance leads into the dining area and living room near the kitchen. The facility has six resident bedrooms, a lounge and storage room. Bedrooms 1, 3, and 4 have private ½ bathrooms. There are two full bathrooms available for all residents use. The home utilizes public water and sewer. The home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor.

The gas furnace and hot water heater are located on the main floor off the laundry room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12X10	120	1
2	10X16	160	1
3	12'9"X13'9"	175	1
4	11X12'6"	137.5	1
5	14X13	182	1
6	19'6'X10	196	1

The living, dining, and sitting room areas measure a total of 753 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **6** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **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 to **6** male or female ambulatory or non-ambulatory adults who are aged in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

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 for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

## **C. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in saving.

A criminal history background check was conducted for the applicant (Licensee) and administrator. They have been determined to be of good moral character. The applicant (Licensee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 **6** bed facility is adequate and includes a minimum of **1** staff -to- **6** residents per shift during awake hours and **1** staff -to-**6** residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability and qualification requirements for direct care staff prior to each person working in the facility in that 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](http://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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident’s file.

The applicant acknowledges 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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 resident's personal money transactions that have been agreed to be managed by the applicant.

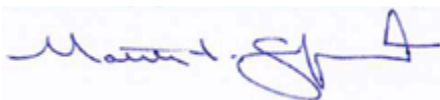
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



7/12/2017

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Matthew Soderquist  
Licensing Consultant

Date

Approved By:



7/12/2017

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Jerry Hendrick  
Area Manager

Date