



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 21, 2017

Georgia Cameron & Renee Cameron
805 Okemos Rd.
Mason, MI 48854

RE: Application #: AF330384262
Walnut Acres AFC
805 Okemos Rd.
Mason, MI 48854

Dear Georgia Cameron & Renee Cameron:

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 4 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) 284-9727.

Sincerely,

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

Dawn N. Timm, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF330384262
Applicant Name:	Georgia Cameron & Renee Cameron
Applicant Address:	805 Okemos Rd. Mason, MI 48854
Applicant Telephone #:	(517) 676-2021
Administrator/Licensee Designee:	N/A
Name of Facility:	Walnut Acres AFC
Facility Address:	805 Okemos Rd. Mason, MI 48854
Facility Telephone #:	(517) 703-6824 08/08/2016
Application Date:	
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

08/08/2016	Enrollment
08/10/2016	PSOR on Address Completed
08/10/2016	Contact - Document Sent Rules & Act booklets
08/10/2016	Application Incomplete Letter Sent Rec cl, FP's, Livescan request for Renee; rec cl's for Georgia & Warren
08/22/2016	Contact - Document Received Rec cl's for Renee, Warren, & Georgia
08/22/2016	Comment FP's for Renee
08/30/2016	Inspection Completed-Env. Health : A inspection completed on current license
10/07/2016	Contact - Document Received Livescan request for Renee
12/13/2016	Application Complete/On-site Needed
12/13/2016	Inspection Completed On-site
12/13/2016	Inspection Completed-BCAL Sub. Compliance discussion with Renee and Georgeann Clark
12/19/2016	Contact - Telephone call made to licensee Renee Clark
12/20/2016	Corrective Action Plan Approved

02/01/2017 Inspection Completed On-site
original

02/01/2017 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Walnut Acres AFC is a single story family home located in rural Mason, Michigan. The family home sits on a small working dairy farm which is run by the licensee Georgia Cameron's spouse and co-licensee Renee Cameron's father. Residents are able to enjoy the rural nature of the facility by sitting on the back wooden deck or walking about the back yard of the facility. There is ample space for family or friends to park while visiting residents at the facility. The facility has three resident bedrooms (two private and one semi-private), one full bathroom, large kitchen, living area, and a second small living area utilized by the family members. The family home also has a finished basement used by the licensee and her spouse and the co-licensee as their sleeping quarters. The facility is not wheelchair accessible and will not be appropriate for any resident that requires the use of a wheelchair to assist with mobility.

The facility utilizes a private water and private sewage system which was inspected by the Ingham County Health Department on 08/30/2016 and found to be in full compliance. The family home is heated with propane. The heat plant and water heater are located in the basement of the family home, which is equipped with a 1-3/4 inch solid wood core door with an automatic self-closing device and positive latching door hardware.

The facility is equipped with battery-powered, single-station 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.

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	10'0" x 10'2"	102 square feet	One bed
Room #2	13'0" x 13'3"	172 square feet	Two beds
Room #3	10'0" x 10'8"	108 square feet	One bed
Living Area	13'0" x 15'0"	195 square feet	
Dining Area	10'0" x 10'7"	106 square feet	

The indoor living and dining areas measure a total of 291 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 four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants, Georgia Cameron and Renee Cameron, intend to provide 24-hour supervision, protection and personal care to **four (4)** male and/or female residents who are aged. The program will include social interaction, outings in the local community, opportunity for involvement in local senior day programs and transportation at an additional cost. The applicant intends to accept referrals from Ingham County DHHS or residents with private sources for payment.

If required, 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 applicants to utilize local community resources for recreational activities including free concerts, parades, libraries, resources from local universities and colleges like MSU and LCC, shopping centers and local restaurants. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicants and responsible person 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 along with Renee Cameron's outside employment. This family home is a currently licensed AFC family home in good standing. The current licensee Georgia Cameron wishes to add her daughter Renee Cameron to the license. There are residents currently in the facility who have lived there for a lengthy period of time and the legal guardians have been satisfied with their care.

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. Renee Cameron affirmed that she now lives in the home and lists this address as her permanent address.

The supervision of residents in this family home licensed for four (4) 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 acknowledge 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 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 applicant(s) 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. Rule/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.

RECOMMENDATION:

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of four (4) residents.



06/20/2017

Dawn N. Timm
Licensing Consultant

Date

Approved By:



06/21/2017

Ardra Hunter
Area Manager

Date