



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 8, 2017

Mistie Hyatt  
320 E. Long Lake Road  
Orleans, MI 48865

RE: Application #: AF340389673  
Sunshine Acres A.F.C.  
320 E. Long Lake Road  
Orleans, MI 48865

Dear Ms. Hyatt:

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,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF340389673
<b>Applicant Name:</b>	Mistie Hyatt
<b>Applicant Address:</b>	320 E. Long Lake Road Orleans, MI 48865
<b>Applicant Telephone #:</b>	(231) 689-6823
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Sunshine Acres A.F.C.
<b>Facility Address:</b>	320 E. Long Lake Road Orleans, MI 48865
<b>Facility Telephone #:</b>	(989) 637-1010
<b>Application Date:</b>	07/27/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

05/18/2017	Inspection Completed-Env. Health : A (previous license AF340307990)
07/27/2017	Enrollment
08/03/2017	PSOR on Address Completed
08/03/2017	Inspection Report Requested - Health Inv. #1027298
08/03/2017	Contact - Document Sent Rule & Act booklets
08/03/2017	Application Incomplete Letter Sent Rec cl, FP's, Livescan request for Mistie; rec cl for Diane (RP)
08/15/2017	Comment FP's for Mistie
08/16/2017	Contact - Document Received Rec cl & Livescan request for Mistie; rec cl for Diane (RP)
08/23/2017	Application Incomplete Letter Sent
08/30/2017	Application Complete/On-site Needed
09/08/2017	Inspection Completed On-site
09/08/2017	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility was previously owned by Diane Goodsell, licensed under AF340307990. The facility is a large, two-story home with vinyl siding and an unfinished basement. The facility is located in a residential area in rural Orleans which is approximately 15 miles north of Ionia, Michigan. There is adequate space for staff and visitor parking in the facility driveway. The facility is located approximately 100 feet from the road and sits on 2.5 acres of land. There are two main exits out of the home and both are equipped with wheelchair ramps with railings on both sides.

The first floor of the facility has an enclosed sun porch, laundry room, kitchen, dining area, living room for resident use, one full bathroom, one half-bathroom, and four resident bedrooms. The licensee's living quarters are located on the second floor and consist of one bedroom, living room and one full bathroom. This space is not approved

for resident use. The heat plant and water heater are located in the basement of the facility and are separated from the remainder of the facility by a solid wood core door that is fully stopped and equipped with an automatic self-closing device. The basement is not approved for resident use. The facility is equipped with an interconnected smoke detection system and has smoke alarms in the living room, dining room, kitchen, basement, and bedroom areas. The facility has private water and private sewage. The Ionia County Health Department previous complete an inspection under license AF340307990 on 5/18/2017. The facility was given an A rating.

The resident bedrooms and common use areas measure as follows:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	13'6 X 11'0, 2'1" X 2'10"	154.5 Square Feet	2
2	13'6" X 11'1", 2'1 X 2' X 2'10"	155.5 Square Feet	2
3	15'0" X 9'0"	135 Square Feet	1
4	10'8" X 9'8"	103 Square Feet	1

The living, sun room and dining room areas measure a total of 587 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

### **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents that are either aged, mentally ill, developmentally disabled, physically handicapped, and/or use a wheelchair for mobility purposes. The program will include the opportunity to socialize with one another and staff members through conversation, walks, reading, watching television, cooking, gardening, and community outings. The applicant has an active relationship with Ionia Community Mental Health which assists in connecting residents with volunteer activities in the community, shopping trips, and potential work opportunities. The applicant also takes residents shopping and to local parks to enjoy community events. The applicant also stated that she enjoys helping residents become as independent as possible if that is one of the resident's goals, so she teaches them about cooking and other home maintenance skills if they are interested.

### **C. Applicant and Responsible Person Qualifications**

Mistie Hyatt is the licensee for the facility and resides in the family home. Ms. Hyatt has worked in Adult Foster Homes for several years. She has several years of experience. A licensing record clearance request was completed with no LEIN

convictions recorded for the licensee, Mistie Hyatt or her responsible person, Diane Goodsell. Ms. Hyatt submitted a medical clearance request with statements from a physician documenting their good health and current TB negative results.

The applicant has 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 outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 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 resident's 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 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 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 that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rules or 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 family home (capacity 6).

*Megan Aukerman, MSW*

9/8/2017

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Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

9/8/2017

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Jerry Hendrick  
Area Manager

Date