



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 9, 2018

Christine Nash
2801 S 29 Road
Cadillac, MI 49601

RE: Application #: AF830390262
Hidden Acres
2801 S 29 Road
Cadillac, MI 49601

Dear Ms. Nash:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF830390262
Licensee Name:	Christine Nash
Licensee Address:	2801 S 29 Road Cadillac, MI 49601
Licensee Telephone #:	(231) 884-8444
Administrator/Licensee Designee:	N/A
Name of Facility:	Hidden Acres
Facility Address:	2801 S 29 Road Cadillac, MI 49601
Facility Telephone #:	(231) 715-6236
Application Date:	09/04/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

09/04/2017	On-Line Enrollment
09/05/2017	Application Incomplete Letter Sent needs 1326's
10/19/2017	Application Incomplete Letter Sent
12/27/2017	Application Complete/On-site Needed
12/27/2017	Contact - Telephone call made Spoke to applicant. Scheduled onsite for 1/3/2018.
01/03/2018	Inspection Completed On-site
01/03/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hidden Acres is a ranch style home located in a rural area within the city of Cadillac, Michigan off a country road. The home is located in close proximity to medical facilities, physician offices, senior centers, movie theatres, and grocery stores. The front of the home has a large deck that can be utilized by residents for outdoor leisure. The home consists of a main level and a basement. The main level contains six private resident bedrooms and two non-resident bedrooms located on the right side of the home. On the main level of the home are one full bathroom and one half bathroom on the right side of the home designated for residents, in addition to one non-resident full bathroom located on the left side of the home in an area that is not accessible to residents. The left side of the home is designated for the licensee and household member, and is not for resident use. Upon entering the home from the front entrance, the kitchen and eat-in kitchen area is the first room entered. Directly passed the kitchen and eat-in kitchen is the hallway that allows the ability to turn left or right. Immediately upon turning right, there is a long hallway that allows accessibility to the six private resident bedrooms, two resident bathrooms, a large living room, and a dining area. The home is wheelchair accessible and has one approved means of egress that is equipped with a ramp from the first floor, located at the main front entrance of the home. The home utilizes a private water supply and sewage disposal system.

The home is equipped with propane furnace and the furnace and hot water heater are located in the basement of the home. Floor separation is created by the door that separates the basement of the home from the main level of the home, which is a 1-3/4 inch solid core door and equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located on each occupied floor of the home 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
1	9' 10" x 9' 9"	81	1
2	9' 10" x 7' 5" x 2' 5" x 6' 6"	75	1
3	9' 9" x 7' 5" x 2' 5" x 6' 6"	75	1
4	9' 10" x 7' 5" x 2' 5" x 6' 6"	75	1

5	8' 10" x 9' 2"	72	1
6	11' 8" x 9' 3" x 4' 4" x 4'	115	1

The indoor living and dining areas measure a total of 217 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 six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation, as appropriate. The applicant intends to accept referrals from Wexford County DHHS, Northern Lakes Community Mental Health, Veterans Administration 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 applicant to utilize local community resources for recreational activities including access to the local senior center, movie theatre, and city parks. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant Christine Nash, responsible person Kristi Fleischfresser, and household member, Kenneth John Nash, were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant, responsible person, and household member submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant Christine Nash 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 Christine Nash acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 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 applicant Christine Nash 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 applicant Christine Nash acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant Christine Nash acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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 applicant Christine Nash acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant 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 Christine Nash 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 Christine Nash acknowledged the 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 Christine Nash 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 applicant Christine Nash acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant Christine Nash 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.

The applicant Christine Nash 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 indicated intent to respect and safeguard these resident rights.

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

D. Rules or 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of six (6) residents.



1/5/2018

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



01/09/2018

Dawn N. Timm
Area Manager

Date