



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 22, 2018

Rebecca Yonkman  
105 Vine Street  
Cadillac, MI 49601

RE: Application #: AS830390431  
**La Petite Maison**  
**8142 W 38 Road**  
**Cadillac, MI 49601**

Dear Ms. Yonkman:

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 5 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**

<b>License Application #:</b>	AS830390431
<b>Licensee Name:</b>	Rebecca Yonkman
<b>Licensee Address:</b>	105 Vine Street CADILLAC, MI 49601
<b>Licensee Telephone #:</b>	(231) 468-3153
<b>Administrator:</b>	Rebecca Yonkman
<b>Licensee Designee:</b>	Rebecca Yonkman
<b>Name of Facility:</b>	La Petite Maison
<b>Facility Address:</b>	8142 W 38 Road Cadillac, MI 49601
<b>Facility Telephone #:</b>	(231) 884-1410
<b>Application Date:</b>	09/15/2017
<b>Capacity:</b>	5
<b>Program Type:</b>	AGED

## **II. METHODOLOGY**

09/15/2017	On-Line Enrollment
09/22/2017	Inspection Report Requested - Health 1027440
09/22/2017	Application Incomplete Letter Sent
10/04/2017	Application Incomplete Letter Sent
01/02/2018	Application Complete/OFS Needed
01/04/2018	Contact - Telephone call made Spoke to applicant and confirmed inspection date of 1/10/2018.
01/10/2018	Inspection Completed On-site
01/10/2018	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This small group adult foster care facility is located off of a country road in the rural area of Cadillac, Michigan. Although the facility is in rural area, it is in close proximity to medical/hospital facilities, physicians' offices, senior centers, city parks, and a movie theatre. The exterior of the facility consists of a large deck attached to the front entrance of the home, equipped with a picnic table for resident use. The facility is a two-story manufactured home with three bedrooms, two full bathrooms, a dining area, laundry room, and kitchen area located on the main floor of the home that are designated for resident use. The second floor of the home contains one bedroom and one walk-in closet designated for staff and not intended for resident use. Upon entering the facility, the living room is the first room entered. Directly passed the living room are the dining room and kitchen area. To the left of living room is a long hallway that leads to the three resident bedrooms, laundry room, and the two full bathrooms. Upon entering the facility from the front entrance, there is a staircase directly to the left, which leads to the second level of the home. The second level of the facility contains one large bedroom and one large walk-on closet, both of which are not intended for resident use. The facility is not wheelchair accessible because it does not have at least more than one approved means of egress that is equipped with a ramp from the first floor. The facility utilizes a private water supply and sewage disposal system and was inspected by District Health Department #10 and determined to be in substantial compliance with applicable rules on 10/10/2017.

The facility utilizes propane gas. The furnace is located in a crawl space underneath the home, only accessible via an exterior entrance. 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. The facility has an electric hot water heater which is located on the main level of the home in a secured room. The home underwent a full home inspection in July 2017 with no concerns noted.

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' x 11' 11"	108	1
2	13' x 11' x 2' x 9'	161	2
3	13' 9" x 13' 1"	169	2
Living Room	14' x 15'9"	220.5	
Dining Room	8'3" x 12'10"	106	

The indoor living and dining areas measure a total of 326.5 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant, Rebecca Yonkman, intends to provide 24-hour supervision, protection and personal care to five male or female residents who are aged. The program will include social interaction, opportunity for involvement in community activities at the local parks, movie theatres, senior centers, museums, and other identified programs that are appropriate based on the needs of each resident. The applicant intends to accept referrals from Wexford County DHS, Northern Lakes Community Mental Health, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local shopping centers, senior centers, library, recreational centers and parks. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant/administrator, Rebecca Yonkman, 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.

Criminal history background check of the applicant/administrator, Rebecca Yonkman, and live-in staff member, Christopher Larive, were completed and were determined to be of good moral character to provide licensed adult foster care. The applicant/administrator, Rebecca Yonkman, and live-in staff member, Christopher Larive, submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant/administrator, Rebecca Yonkman, has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant is a licensed paramedic and holds a Bachelor's of Health Services Administration degree. The applicant has been the licensee/administrator of a licensed adult foster care facility in Cadillac, Michigan since 2015 and has several years of experience in managing and operating an adult foster care facility in addition to providing direct care services to individuals residing in adult foster care facilities.

The staffing pattern for the original license of this five bed facility is adequate and includes a minimum of one staff for five residents per shift. The applicant/administrator, Rebecca Yonkman, acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant/administrator, Rebecca Yonkman, has indicated that direct care staff will be awake during sleeping hours.

The applicant, Rebecca Yonkman, acknowledged an understanding of the qualifications, suitability, and training 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, Rebecca Yonkman, acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant, Rebecca Yonkman, acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will 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, Rebecca Yonkman, acknowledged the 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 directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant, Rebecca Yonkman, acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant, Rebecca Yonkman, acknowledge 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 applicant, Rebecca Yonkman, acknowledged the 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 that are required to be maintained within each resident's file.

The applicant, Rebecca Yonkman, acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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, Rebecca Yonkman, acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant, Rebecca Yonkman, acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant, Rebecca Yonkman, acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant, Rebecca Yonkman, 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.

#### **E. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of five (5) residents.



1/22/2018

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



01/22/2018

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Dawn N. Timm  
Area Manager

Date