



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 5, 2018

Catherine Hawthorne and Betty Hoover
7221 Pt Austin Rd
Caseville, MI 48725

RE: Application #: AF320394546
Hoovers Haven AFC
7221 Pt Austin Rd
Caseville, MI 48725

Dear Catherine Hawthorne and Betty Hoover:

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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF320394546
Licensee Name:	Catherine Hawthorne and Betty Hoover
Licensee Address:	7221 Pt Austin Rd Caseville, MI 48725
Licensee Telephone #:	(989) 963-0030
Administrator/Licensee Designee:	N/A
Name of Facility:	Hoovers Haven AFC
Facility Address:	7221 Pt Austin Rd Caseville, MI 48725
Facility Telephone #:	(989) 856-4173
Application Date:	06/06/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/06/2018	On-Line Enrollment
06/08/2018	PSOR on Address Completed
06/08/2018	Inspection Report Requested - Health Invoice No : 1028407
06/08/2018	Contact - Document Sent Rule and act books
06/25/2018	Inspection Completed-Env. Health : A
06/27/2018	Contact - Document Received 1326, FP, RI-030 and AFC 100
06/27/2018	File Transferred To Field Office Saginaw
07/16/2018	Application Incomplete Letter Sent
07/17/2018	Contact - Document Received Received required documents
08/01/2018	Inspection Completed-BCAL Sub. Compliance
09/04/2018	Contact - Document Received Received furnace inspection report
09/05/2018	Inspection Completed-BCAL Full Compliance
09/05/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Betty Hoover owns the property at 7221 Port Austin Road Caseville, Michigan 48725 free and clear. This property has been continually licensed solely by Betty Hoover since December 1, 2009 and was licensed as Hoovers Haven (AF320303564).

The Hoovers Haven Adult Foster Care home is located just outside the rural community of Caseville along the Saginaw Bay in Northeastern Huron County. Residents of the home will have access to shopping and recreational opportunities a short distance away. Scenic beachfronts are located within walking distance of the home. Medical care, social services and a variety of religious opportunities are available within the community.

The facility is a two-story building with the resident living space all located on the second floor. Licensees Betty Hoover and Catherine Hawthorne will occupy bedrooms downstairs. All residents must have good mobility as access to the living space can only be gained by means of a stairway.

The furnace is located in the basement 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 battery powered; single station smoke detectors have been installed near sleeping areas, in the living room, in the lower level near the furnace. The furnace was inspected on August 2, 2018 and determined to be fully operational.

On June 18, 2018, the Huron County Sanitarian inspected the private well. It was determined to be functioning properly. The facility is connected to the public sewer system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	15'5" X 10'10"	153 sq. feet	2
#2	12'1" X 9'5"	114 sq. feet	1
#3	12'1" X 9'3"	112 sq. feet	1
#4	15'3" X 10'9"	156 sq. feet	2

The living, dining, and sitting room areas measure a total of 540 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The upstairs contains two full bathrooms and there is a full bathroom located in the lower level.

Based on the above information, it is concluded that this facility can accommodate **six (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 **six (6)** male or female ambulatory adults, ages 18 and above, whose diagnosis is developmentally disabled, mentally impaired, aged or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from local hospitals, adult protective services, and community mental health.

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 all transportation for program and medical needs. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Rule/Statutory Violations

The applicants have 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 applicants also have cash in savings.

A licensing record clearance request was completed with no lein convictions recorded for the applicants. The applicants submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have 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 six-bed facility is adequate and includes a minimum of one staff -to- six residents per shift.

The applicants acknowledge an understanding of the training 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 applicants 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 ([18](#)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicants acknowledge 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 applicants have 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 applicants acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee’s file.

The applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicants acknowledge their responsibility to obtain all of the required 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. In addition, the applicants acknowledge their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident’s file.

The applicants acknowledge their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).



09/05/2018

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



09/05/2018

Mary E Holton
Area Manager

Date