



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 24, 2018

Charity Quick
6517 20th Ave
Sears, MI 49679

RE: Application #: AF670391967
Quick's AFC
6517 20th Ave
Sears, MI 49679

Dear Ms. Quick:

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,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF670391967
Applicant Name:	Charity Quick
Applicant Address:	6517 20th Ave Sears, MI 49679
Applicant Telephone #:	(231) 734-6026
Administrator/Licensee Designee:	N/A
Name of Facility:	Quick's AFC
Facility Address:	6517 20th Ave Sears, MI 49679
Facility Telephone #:	(231) 734-6026 01/02/2018
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/02/2018	Enrollment
01/04/2018	Application Incomplete Letter Sent needs fingerprint
01/26/2018	Inspection Completed-Env. Health : A
04/02/2018	Application Incomplete Letter Sent
04/20/2018	SC-Application Received - Original
04/20/2018	Inspection Completed On-site
04/20/2018	Inspection Completed-BCAL Full Compliance
04/20/2018	SC-Inspection Completed On-Site
04/20/2018	SC-Inspection Full Compliance
04/23/2018	SC-ORR Response Requested
04/23/2018	SC-ORR Response Received-Approval Inspection completed in Sept. 2017, full compliance with ORR.
04/23/2018	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Quick's AFC Home is a vinyl sided and metal roof single story home on a crawl space located in Sears, Michigan, Osceola County. Quick's AFC Home sits on three acres of land. The home has a nice wooden deck on the back of the home for residents to sit outside to enjoy the outdoors. There is plenty of parking for residents, staff, and visitors. The facility is located about seven miles from Ewart, Barryton, and Marion, Michigan and about 40 miles from Mt. Pleasant and Big Rapids, Michigan, so residents are not far from multiple larger cities/towns for shopping, physicians, hospitals and entertainment.

The area of the facility that is designated for residents has a living room, dining room, kitchen, three bedrooms for residents and one bedroom for applicant which is not accessible to residents. The facility has one full bathroom with a tub-shower combination and two-half baths. There will be two residents to a room. Quick's AFC Home utilizes private water, septic and sewer. The Mid-Michigan District Health Department inspected the water quality and sewage disposal system on

01/26/2018 and the facility was in substantial compliance. Quick's AFC home uses propane gas. The facility has one furnace which is located in a furnace room behind applicant's bedroom. A new furnace was installed, inspected and approved on 02/07/2018. The furnace and hot water heater are enclosed in its own room equipped with a 1-3/4inch solid core door with an automatic self-closing device and positive latching hardware.

There are three exits to the facility and none are wheelchair accessible. The front entrance/exit is located at the front of the home and enters a foyer-entry way and then into the dining room/kitchen. The second exit is a sliding glass door off the dining room and onto the deck at the back of the home. The third exit is in Resident Bedroom #3, a sliding glass door, that enters onto the back deck. The facility is equipped with an interconnected, hardwired smoke detection system with batter back-up which was installed by a licensed electrician and is fully operational or battery-powered, single station smoke detectors have been installed near sleeping areas and near all flame-or heat producing equipment.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	11'6" X 11'8"	136.88 square feet	2
Bedroom 2	11'6" X 11'8"	136.88 square feet	2
Bedroom 3	10' X 13"	130 square feet	2
Living Area	13'9" X 23'	319.7 square feet	

The indoor living and dining areas measure a total of 608 square foot 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 (6) 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 residents who have been diagnosed as developmentally disabled, mentally illness or those with minor physical handicaps who are in need of adult foster care. The facility is not wheelchair accessible and will not be able to provide care to those with physical handicaps that require the use of a wheelchair. The program will include the opportunity to socialize with one another through conversation and group activities, walks, reading, watching television, and community outings. The licensee also plans to assist residents in participating in any local day programs or adult educational programs available in the community that are of interest to the resident. Ms. Quick also plans to incorporate the residents' personal interests into everyday activities at the facility and will encourage family and friends to visit often and engage with their loved ones. The applicant intends to accept referrals from Community Mental Health Agencies (CMH).

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 to include daily outings to go shopping, to the library, concerts at the casino, fishing and to the lake house that the applicant owns. These resources provide an environment to enhance the quality of life of the residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant, Charity Quick, and responsible person, Johnathan Roys, were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test 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.

The applicant 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 6 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 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 acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to the residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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 acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 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 admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual/as needed basis.

The applicant 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 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 acknowledged an understanding of the administrative rules regarding informing residents of their rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day written discharge notice.

The applicant 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.

IV. RECOMMENDATION

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

Bridget Vermeesch

04/23/2018

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

04/23/2018

Dawn N. Timm
Area Manager

Date