



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 7, 2018

Kent VanderLoon  
McBride Quality Care Services, Inc.  
P.O. Box 387  
Mt. Pleasant, MI 48804-0387

RE: Application #: AS560395819  
McBride Meridian Rd. AFC  
2530 S. Meridian Rd.  
Midland, MI 48640

Dear Mr. VanderLoon:

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 "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS560395819
<b>Applicant Name:</b>	McBride Quality Care Services, Inc.
<b>Applicant Address:</b>	209 E. Chippewa Mt. Pleasant, MI 48858
<b>Applicant Telephone #:</b>	(989) 772-1261
<b>Administrator/Licensee Designee:</b>	Kent VanderLoon, Designee
<b>Name of Facility:</b>	McBride Meridian Rd. AFC
<b>Facility Address:</b>	2530 S. Meridian Rd. Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 506-0887
<b>Application Date:</b>	08/15/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/15/2018	Enrollment
08/17/2018	Contact - Document Received 1326
08/17/2018	Inspection Report Requested - Health Invoice No : 1028609
08/23/2018	File Transferred To Field Office Flint
08/28/2018	Inspection Completed-Env. Health : A
09/12/2018	Application Incomplete Letter Sent
10/26/2018	Inspection Completed On-site
10/26/2018	Inspection Completed-BCAL Full Compliance
12/07/2108	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The property known as McBride Meridian Rd. AFC is located at 2530 S. Meridian Rd., Midland, Michigan 48640. The property is owned by McBride Quality Care Services, Inc.. This one-story property is situated on a large 3-acre lot located in Porter Township. There is ample parking available for this facility.

McBride Meridian Rd. AFC is barrier free and features country living in an area where residents may be able to observe some of what the wilderness has to offer. The exterior of the home is well-kept and is equipped with plenty of land where residents can watch the outdoor scenery. The facility is built upon a cement slab and has a large living room, dining room, kitchen, medication room/office, laundry room, a 2<sup>nd</sup> living room area and six (6) private bedrooms. There are three (3) full bathrooms throughout the facility, two (2) of those bathrooms are located in two of the private bedrooms and one (1) full bathroom is located in the common area of the facility. The facility is heated and air-conditioned with thermostatic controls in the common area. The facility has a private sewage system and is equipped with a private well. The capacity of this facility will enable six (6) female residents to utilize as many bedrooms. There is ample space in the facility bedrooms for non-affected spouses to reside with prior Department approval.

The facility is equipped with two natural gas furnaces which are located in the utility closets. The furnaces were tested and approved by a licensed HVAC company on 10/25/2018. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers and emergency evacuation plans are placed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Number of beds
1	10 x 17'	170.00	1
2	10' x 12'	120.00	1
3	15' x 15'	225.00	1
4	11' 5" x 11' 7"	132.24	1
5	12' x 14'	168.00	1
6	14' x 16'	224.00	1

The living room, 2<sup>nd</sup> living room area and dining room areas measure a total of: 1439.05 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

On 08/28/2018, it was determined that McBride Meridian Rd. AFC was in compliance with the Environmental Health Rules for Adult Foster Care Small Sized Group Homes.

On 10/26/2018, I determined that McBride Meridian Rd. AFC was in compliance with the Maintenance of Premises Rules for Adult Foster Care Small Group Homes. Based on the above information, it is concluded that this facility can accommodate six (6) Mentally Ill and Developmentally Disabled, female 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 female adults, who are of the Mentally Ill and the Developmentally Disabled population in the least restrictive environment possible. This facility is not wheelchair accessible. 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.

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 licensees 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. Licensee and Administrator Qualifications**

The applicant is McBride Quality Care Services, Inc., which was established in Michigan, on 10/09/1989. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Documents were received naming Kent VanderLoon as the licensee designee and the administrator.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee / administrator, Kent VanderLoon. Kent VanderLoon submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designees and administrator 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. Additional staff will be utilized as needed. All staff shall be awake during sleeping hours.

The applicant acknowledges 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 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges 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 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 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 applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has 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 applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

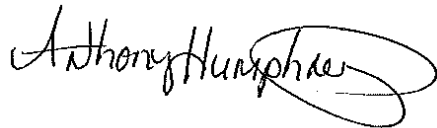
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

**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 small adult group home (capacity 1-6).



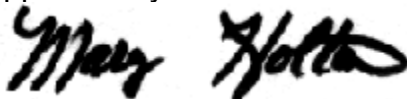
12/07/2018

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



12/07/2018

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Mary E Holton  
Area Manager

Date