



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 11, 2019

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

RE: Application #: AS190396493
McBride Turner Rd. AFC
14354 Turner Road
DeWitt, MI 48820

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 "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 #:	AS190396493
Applicant Name:	McBride Quality Care Services, Inc.
Applicant Address:	209 E. Chippewa Mt. Pleasant, MI 48858
Applicant Telephone #:	(989) 772-1261
Administrator:	Kent VanderLoon
Licensee Designee:	Kent VanderLoon
Name of Facility:	McBride Turner Rd. AFC
Facility Address:	14354 Turner Road DeWitt, MI 48820
Facility Telephone #:	(989) 560-0887
Application Date:	09/25/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/25/2018	Enrollment Online enrollment
09/26/2018	Contact - Document Sent Rule & Act booklets
09/26/2018	Application Incomplete Letter Sent IRS ltr; BCHS-100 for admin
10/02/2018	Contact - Document Received CI for Kent (LD & Admin); IRS ltr
10/04/2018	Contact - Document Received File given to Stephanie Gonzalez
10/08/2018	Contact - Telephone call made Left voice mail for applicant, Kent VanderLoon
10/09/2018	Application Incomplete Letter Sent Sent application incomplete letter to Kent VanderLoon via email
11/28/2018	Contact - Telephone call made Spoke to applicant regarding additional documents still needed for pending application. Applicant will send to me via email this week. Tentative date for onsite visit is 12/10/2018
12/03/2018	Application Complete/On-site Needed
12/10/2018	Inspection Completed On-site
12/10/2018	SC-Application Received - Original
12/10/2018	Contact – Document Sent Confirming Letter Sent
01/03/2019	Inspection Completed On-site Re-Inspection
01/03/2019	Inspection Completed-BCAL Full Compliance
01/03/2019	SC-Inspection Completed On-Site
01/03/2019	SC-Recommend MI and DD
01/22/2019	Inspection Completed- Environmental Health-“A”

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in the city of DeWitt, Michigan. The facility has a main floor, which contains four resident bedrooms and two full resident bathrooms. Upon entering the facility, there is a large resident living room, large resident dining room, one laundry room, and a kitchen. To the right of the living room is a long hallway, that leads to the four resident bedrooms and two full resident bathrooms. The home is wheelchair accessible and has at least two approved means of egress at grade. The home utilizes a private water supply and a public sewage disposal system. An environmental health inspection was completed on 1/22/2019 and the facility was in full compliance with the environmental health administrative rules.

The facility utilizes a gas furnace system. The water heater and furnace are located on the main level of the home, in the garage. The furnace and hot water heater are equipped with a 1-3/4-inch solid core door 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 and located 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	177 x 130 x 60 x 18	167	1
2	177 x 131 x 18 x 60	168	2
3	176 x 132	161	1
4	177 x 131	161	2

The indoor living and dining areas measure a total of 390 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 physically handicapped, mentally ill, or developmentally disabled. The program will include social interaction, community inclusion of activities and events, community living support services, training to develop

personal hygiene, personal adjustment, diet, social skills and independent living skills and the opportunity for involvement in educational services and programs. The applicant intends to accept referrals from Clinton County CMH 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 the public schools and library, local museums, shopping centers, churches, etc. The facility is within 15 miles of Michigan State University and the many amenities the university has to offer the community. The facility is also close to two separate large hospitals that can be used for emergency medical care a resident might require. 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 is McBride Quality Care Services, Inc., a Non-Profit Corporation, established in Michigan on 10/9/1989. 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.

The Board of Directors of McBride Quality Care Services, Inc. has submitted documentation appointing Kent VanderLoon as licensee designee and administrator of the facility.

Criminal history background checks of the applicant/administrator were completed and Mr. VanderLoon was determined to be of good moral character to provide licensed adult foster care. The applicant/administrator submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. VanderLoon has a Bachelor of Science in Business Administration degree from Central Michigan University. Mr. VanderLoon has worked for McBride Quality Care Services, Inc, for several years as an Administrator for multiple adult foster care facilities. Mr. VanderLoon has extensive experience in providing direct care services to individuals with varying diagnoses that reside in adult foster care facilities. Mr. VanderLoon completes the following trainings on a yearly basis: adult foster care quality care services, disaster preparedness, CMH training (recipient rights, dignity/respect, best practices, etc.), and provider network trainings. Mr. VanderLoon is also a member of the Adult Foster Care Provider Network Advisory Council.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledges 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 has indicated that direct care staff will be awake during sleeping hours.

The applicant 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 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 and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee 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 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 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 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'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 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 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 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 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 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 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 small group home with a capacity of six residents.

Stephanie Gonzalez

02/07/2019

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Dawn Timm

02/11/2019

Dawn N. Timm
Area Manager

Date