



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 12, 2019

Amber Bunce  
Cornerstone AFC, LLC  
P.O. Box 277  
Bloomington, MI 49026

RE: Application #: AS800397501  
**52nd Street Home**  
**31723 52nd Street**  
**Bangor, MI 49013**

Dear Ms. Bunce:

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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800397501
<b>Applicant Name:</b>	Cornerstone AFC, LLC
<b>Applicant Address:</b>	P.O. Box 277 Bloomingtondale, MI 49026
<b>Applicant Telephone #:</b>	(269) 628-2011
<b>Administrator:</b>	Amber Bunce
<b>Licensee Designee:</b>	Amber Bunce
<b>Name of Facility:</b>	52nd Street Home
<b>Facility Address:</b>	31723 52nd Street Bangor, MI 49013
<b>Facility Telephone #:</b>	(269) 762-2969
<b>Application Date:</b>	12/04/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/04/2018	Enrollment Online enrollment
12/04/2018	Inspection Report Requested - Health Inv. #1028900
12/04/2018	Contact - Document Sent Act booklets
12/04/2018	Application Incomplete Letter Sent 1326A for Amber; AF100 for Tracie (Admin); IRS ltr
12/21/2018	Contact - Document Received 1326 & med cl for Amber; AFC100 for Tracie
01/02/2019	Contact - Document Received Tax info for Federal ID
01/08/2019	Inspection Completed-Env. Health : A
01/11/2019	Application Incomplete Letter Sent
01/14/2019	Contact - Document Received Received via email job descriptions and personnel policy and procedures from licensee designee.
02/06/2019	Inspection Completed On-site
02/06/2019	Inspection Completed-BCAL Sub. Compliance
02/07/2019	Confirming Letter Sent
02/07/2019	Corrective Action Plan Received
02/07/2019	Corrective Action Plan Approved
02/07/2019	Contact - Document Received Received documentation on the facility's community accessibility for residents. Also received documentation the fire/smoke alarms and furnace had been inspected and approved.
02/07/2019	Contact - Document Received Received via email the licensee's accessibility plan for residents
02/11/2019	Contact - Document Received Received pictures the gutters on the home had been fixed to working order.

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

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

The facility is an updated two-story farmhouse style home in rural Bangor, Michigan just north of Lawrence directly off M-43 highway. The front of the facility has a covered wraparound porch, which leads to the main door of the facility. The facility opens into a spacious kitchen area where off to the right is the living room, a resident bedroom, another exit to the covered porch, and the stairs that lead to the second level. Through the kitchen is also the dining room, which leads to another entrance area into the facility, the main floor bathroom, laundry area, staff office/medication room, and stairs to the basement. The basement will not be used by residents or for storage due to it being an unfinished Michigan style basement. The licensee provided documentation showing the basement was treated for water leakage with Duralug concrete and agreed to monitor the basement to ensure it stays dry, especially during extreme weather or flood warnings.

The facility has five bedrooms in total with one bedroom being on the main level of the home just off the living room near the stairs to the second floor. The remaining four bedrooms are all on the second floor of the facility. It is expected that residents who reside on the second floor of the facility are able to safely navigate stairs. There are not any nonresident bedrooms in the facility. The facility has two full resident bathrooms with one on the main level of the home near the back of the house while the other is on the second floor also near the back of the house. The main level resident bathroom has a tub/shower combination while the second level resident bathroom consists of just a stand-up shower for residents. The facility is not wheelchair accessible. The facility utilizes both private water and sewer. Van Buren County District Health Department conducted an inspection of the sewer and well on 01/08/2019 and determined the facility was in substantial compliance with all applicable rules.

The propane furnace and electric hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. 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 alarms were observed to be in each upstairs resident bedroom, one just outside the main level bedroom, one in each common area of facility, two in the basement and another one in the laundry room.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.3 ft x 8 ft	122.4 sq. ft.	1
2	11.8 ft x 10.8 ft	127.4 sq. ft.	1
3	17.8 ft x 13.5 ft	240.3 sq. ft.	2
4	13.4 ft x 17.2 ft	230.5 sq. ft.	1
5	(17.6 ft x 9.7 ft) + (9.6 ft x 9.8 ft)	264.8 sq. ft.	1

The living, dining, and sitting room areas measure a total of 294 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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 whose diagnosis is developmentally disabled or mentally ill, 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. The applicant intends to accept residents from the Department of Health and Human Services, Community Mental Health Agencies or private pay individuals as referral sources.

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. Examples of community events, programs, and opportunities to improve social skills include, but are not limited to the following: holiday parties, weekly bingo nights, movie nights and crafts, trips to the library, local recreational areas, shopping centers, political events, festivals, and church. Cornerstone also gives individuals a choice when planning activities.

### **C. Rule/Statutory Violations**

The applicant is Cornerstone AFC, LLC., which is a “Domestic Limited Liability Company”, which was established in Michigan, on 06/01/2004. 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 members of Cornerstone AFC, LLC., have submitted documentation appointing Amber Bunce as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined that the licensee is of good moral character and eligible for employment in a licensed adult foster care facility. Amber Bunce submitted a statement from a physician documenting her good health and current negative TB results.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Bunce has an extensive history with the adult foster care field with over 20 years of experience. Her experience started at 15 years old when she began helping her parents run their adult foster care family home in which she also resided. She then studied psychology in college and obtained her MBA in Health Care Management in 2017. She started working at Cornerstone, her parent’s family business, in 2004 where she started as direct care staff before advancing to administration in 2012. Ms. Bunce continues to take ongoing training to stay abreast on relevant topics to the licensee's admission policy, program statement, and the populations in which the licensee serves.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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))

and the related documents required to be maintained in each employee's 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 designee, 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 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 acknowledges their 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 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 acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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 their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home.



02/12/2019

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



02/12/2019

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Dawn N. Timm  
Area Manager

Date