



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 18, 2018

Janelle Ultz
65120 Middle Colon Road
Burr Oak, MI 49030

RE: Application #: AS750396475
Dear Country AFC
31550 Townline Road
Burr Oak, MI 49030

Dear Ms. Ultz:

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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS750396475
Applicant Name:	Janelle Ultz
Applicant Address:	65120 Middle Colon Road Burr Oak, MI 49030
Applicant Telephone #:	269-503-4879
Licensee:	Janelle Ultz
Administrator:	Janelle Ultz
Name of Facility:	Dear Country AFC
Facility Address:	31550 Townline Road Burr Oak, MI 49030
Facility Telephone #:	(269) 503-4879
Application Date:	09/21/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/09/2017	Inspection Completed-Env. Health : A See AS750393709
09/21/2018	Enrollment
09/26/2018	Contact - Document Sent
10/01/2018	Rule & Act booklets
10/01/2018	Application Incomplete
10/01/2018	Contact – Document Received Received proof of ownership, medical clearance for Janelle Ultz, program statement, admission policy, discharge policy, job descriptions.
10/01/2018	Contact – Interview evidence of Janelle Ultz qualifications and training.
10/01/2018	Inspection Completed On-site
10/01/2018	Inspection Completed-BCAL Full Compliance
10/08/2018	Contact-Document Received Secondary living room dimensions
12/18/2018	Inspection- Environmental Health- Full Compliance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Dear Country AFC is a two-story wood frame farmhouse located in a rural area on an unpaved road in Burr Oak, MI. There are multiple restaurants located within seven miles of the home as well as multiple grocery stores located within six miles of the home. The nearest hospital, Sturgis Hospital, is located approximately 12 miles away

from the home. There are several parks and recreational areas located within 10 miles of the home, including Palmer Lake Park.

This facility has a large circular driveway with ample parking for staff and visitors. The driveway leads to two entrances of the home. The entrance on the north side of the home enters one of the home's two living rooms. The entrance on the east side of the home enters a laundry room which leads to the resident dining room. To the right of the home's east entrance is a hallway that leads to two private resident bedrooms and a full, semi-private bathroom. To the left of this entrance are two resident living rooms and an adjacent office area for staff. A hallway at the end of the living room leads to an additional four private resident bedrooms and another full resident bathroom. All living areas for residents are located on the first floor. The second floor will not be utilized by residents. The second floor contains bedrooms which are presently used only for storage by the applicant. In total, the first floor living areas contain two living rooms, a kitchen, dining room, two full resident bathrooms, a three-season porch and six private bedrooms.

This home has three approved means of egress to accommodate wheelchairs located on the north, east and south facing walls. The applicant has completed renovations that include widening doorways in the common areas of the home and the doorways on the two full resident bathrooms. The propane fueled furnace and hot water heater are in a concrete enclosure outside of the home with ducts to the house bringing in heat and water. Verification was provided that the furnace has been inspected by a licensed professional and is in good working condition.

This facility has a private water and septic system. On December 18, 2018, the Branch-Hillsdale-St. Joseph Community Health Agency completed an inspection and found both systems to be in substantial compliance with applicable rules.

An on-site inspection verified the home has battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and 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	11' X 10'	110	1
2	10' X 13'	130	1
3	11' X 10'	110	1
4	9' X 12'	108	1
5	11' X 12'	132	1
6	11' X 12'	121	1

The living, dining, and sitting room areas measure a total of 614 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 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 ambulatory residents, whose diagnosis is developmentally disabled, physically handicapped or traumatically brain-injured. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from St. Joseph County DHS, St. Joseph County CMH, or private pay individuals as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

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 along with a private business and rental properties.

Criminal history background checks of the applicant were completed. The applicant was determined to be of good moral character to provide licensed adult foster care. The applicant submitted statements from a physician documenting their 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. The applicant has obtained training through St. Joseph County CMH in relation to providing care to family members with developmental disabilities and physical disabilities over the last 20 years. The applicant also has experience providing personal care in an AFC environment to individuals with traumatic brain injuries for several years.

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 acknowledged 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 acknowledge 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 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.

III. RECOMMENDATION:

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.



12/18/18

Eli DeLeon
Licensing Consultant

Date

Approved By:



12/18/2018

Dawn N. Timm
Area Manager

Date