



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

January 22, 2016

Moonyeen Lincoln
19138 144th Ave.
Fruitport, MI 49415

RE: Application #: AF700380762
Rocking Horse Ranch
19138 144th Avenue
Fruitport, MI 49415

Dear Moonyeen Lincoln:

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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF700380762
Co-applicants Name:	Moonyeen Lincoln & Cynthia Lake
Co-applicants Address:	19138 144th Ave. Fruitport, MI 49415
Co-applicants Telephone #:	(616) 846-6593
Administrator/Licensee Designee:	N/A
Name of Facility:	Rocking Horse Ranch
Facility Address:	19138 144th Avenue Fruitport, MI 49415
Facility Telephone #:	(616) 846-6593
Application Date:	12/14/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED, PHYSICALLY HANDICAPPED, AGED

II. METHODOLOGY

12/14/2015	Enrollment
12/21/2015	PSOR on Address Completed
12/21/2015	Contact - Document Sent Rules and Act booklets
12/21/2015	Inspection Report Requested - Health Invoice #1025167
12/21/2015	Application Incomplete Letter Sent Fed #; received clearances for Moonyeen, Cynthia, Robert, & Laura (RP)
12/30/2015	Contact - Document Received Fed ID belongs to Lillian (Moonyeen); received clearances for Cynthia, Laura, & Bradley
01/11/2016	Application Complete-On-site Needed
01/13/2016	Inspection Completed-Environmental Health : A
01/21/2016	Inspection Completed On-site
01/21/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This Adult Foster Care family home has been in continuous licensed operation since 12/10/1992 with Moonyeen Lincoln as the owner. This application for a new license was submitted to add co-applicant Cynthia Lake to the license.

Rocking Horse Ranch, located at 19138 144th Avenue, Fruitport, Ottawa County, Michigan, is a ranch style home sitting on a several acre lot. There are two structurally sound, built to code wheelchairs ramps, one at the front entrance and one at the back. The interior and exterior of the home, as well as the landscaping, are well-maintained. The home has a circular drive and can accommodate several vehicles.

This home has five bedrooms on the main floor, four are resident bedrooms and one is used by a family member who operates this Adult Foster Care Family Home. The home also has one full and one half baths for resident use, a large living room, dining area, kitchen, an exercise area, and laundry room. There is a wood-burning and a propane fueled furnace (two furnaces) and a water heater in a utility room in the basement. The basement is separated from the main floor utilizing a 1 ¾ inch, solid wood door that is

equipped with a self-closing device and self-latches when released. Residents do not go into the basement. The home is also equipped with an interconnected smoke alarm system that is connected to the home's electrical system and has a battery backup power source and was tested on 01/21/2016 and worked correctly.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'3" X 20'10"	192	2
2	11'7" X 15'5"	178	2
3	10'5" X 10'6"	109	1
4	10'5" X 10'6"	109	1

Total: 6

The living and dining room areas measure a total of approximately 620 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, and a garbage can with a lid.

All of the furniture, appliances, equipment, etc. are clean and in good condition.

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

The co-applicants(s) intend to provide 24-hour supervision, protection and personal care to six (6) males and/or females aged 18 to 100, whose diagnosis is developmentally disabled, physically handicapped, including wheelchair bound, and/or who is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The co-applicants plan on submitting an application for special certification for the Developmentally Disabled population upon the issuance of this license.

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 co-applicants 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. Co-applicants and Responsible Person Qualifications

Licensing record clearance requests were completed with no LEIN convictions recorded for the co-applicants or the live-in spouse of one of the co-applicants. The co-applicants and Responsible Person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The co-applicants have named Laura Lea Holler as the Responsible Person who will provide up to 72 hours of emergency coverage in the absence of both of the two co-applicants.

The co-applicants have 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 outside employment.

The co-applicants acknowledge the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home co-applicants 24 hours a day/7 days a week with the responsible person on call to provide supervision in relief.

The co-applicants acknowledge an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The co-applicants 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), (Identogo), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The co-applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the co-applicants 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 co-applicants acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the co-applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The co-applicants acknowledge 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 co-applicants acknowledge an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The co-applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The co-applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The co-applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The co-applicants have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The co-applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The co-applicants acknowledge their responsibility to obtain 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 co-applicants acknowledge 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

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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 6).



January 22, 2016

Ian Tschirhart
Licensing Consultant

Date

Approved By:



January 22, 2016

Jerry Hendrick
Area Manager

Date