



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 10, 2020

Cullen, Debra & Mitchell
P.O. Box 72
Lake Ann, MI 49650

RE: Application #: AF100399243
Cullen's Care
6357 Harris Point Trail
Lake Ann, MI 49650

Dear Cullen, Debra & Mitchell:

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 4 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) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
931 S Otsego Ave Ste 3
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF100399243
Applicant Name:	Cullen, Debra & Mitchell
Applicant Address:	6357 Harris Point Trail Lake Ann, MI 49650
Applicant Telephone #:	(231) 275-3226
Administrator/Licensee Designee:	N/A
Name of Facility:	Cullen's Care
Facility Address:	6357 Harris Point Trail Lake Ann, MI 49650
Facility Telephone #:	(231) 275-3226
Application Date:	04/04/2019
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/04/2019	Enrollment
04/16/2019	Application Incomplete Letter Sent
04/24/2019	Inspection Complete: Env. Health: A
10/10/2019	Contact - Telephone call made scheduled on-site 10/16
10/16/2019	Application Complete/On-site Needed
10/28/2019	Inspection Completed-BCAL Sub. Compliance
11/27/2019	Inspection Completed On-site
01/08/2020	Inspection Completed-BCAL Full Compliance
01/06/2020	Contact – Telephone call received Debra Cullen
01/07/2020	Contact – Telephone call received Joslyn Forbes, Listening Ear
01/09/2020	Contact – Telephone call received Joslyn Forbes, Listening Ear
1/10/2020	Contact – Telephone call received Joslyn Forbes, Listening Ear

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a five-bedroom, three-bathroom ranch style home in the rural area of Lake Ann. There are two resident bedrooms on the second floor of the home. There are also two additional non-resident bedrooms on the second floor, one which is used as an office and another large guest bedroom. There are two bathrooms on the second floor and one on the main floor. There is also a master bedroom on the main floor of the home. There is a large dining area, kitchen and living room in the main floor of the home. The home is not wheelchair accessible. There is an additional 3-bedroom, 2 bath home connected to the home and separated through a fire wall and locked fire door which is owned by the applicant and only used for guests during the summer.

The furnace and hot water heater are located on the main floor of the home with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching

hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

The facility has private water and septic system. An environmental health inspection was conducted on 4/24/2019. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'X11'6"	182	2
2	16'X15'	240	2

The living, dining, and sitting room areas measure a total of 589 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 **4** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intend to provide 24-hour supervision, protection and personal care to **4** ambulatory male adults who have a developmental disability or mental illness or are physically handicapped.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the individual plan of service.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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 Responsible Person Qualifications

A criminal history background check was conducted on the applicant and responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted a statement from a physician documenting their good health and current TB-tine negative results.

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 other income.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside 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 **4** residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this **4**-bed family home, there is adequate supervision with **1** responsible person on-site –for-**4** residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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) 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. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has 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 applicant acknowledges 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.

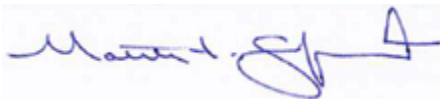
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 temporary license to this AFC adult family home (capacity 4).



01/10/2020

Matthew Soderquist
Licensing Consultant

Date

Approved By:



01/10/2020

Jerry Hendrick
Area Manager

Date