



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 20, 2020

Betty Deming & George Daniel Deming
200 E. Garfield Avenue, Lot 220
Coldwater, MI 49036

RE: Application #: AF120401546
Country Garden AFC
Lot 220
200 E. Garfield Avenue
Coldwater, MI 49036

Dear Betty Deming & George Daniel Deming:

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 2 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF120401546
Applicant Name:	Betty Deming & George Daniel Deming
Applicant Address:	Lot 220 200 E. Garfield Avenue Coldwater, MI 49036
Applicant Telephone #:	(517) 437-1282
Administrator/Licensee Designee:	N/A
Name of Facility:	Country Garden AFC
Facility Address:	Lot 220 200 E. Garfield Avenue Coldwater, MI 49036
Facility Telephone #:	(517) 781-6226 09/04/2019
Application Date:	
Capacity:	2
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/04/2019	Enrollment
09/09/2019	PSOR on Address Completed
09/10/2019	Contact - Document Sent Rule & Act booklets
09/10/2019	Application Incomplete Letter Sent App - #14; 1326, FPs, & Ri-030 for Betty & George; AFC100 for Suzanne (RP)
09/23/2019	Contact - Document Received App - #14
09/23/2019	Contact - Document Received 1326A's & RI-030's for Btty & George; 100 for Suzanne (RP)
09/25/2019	Lic. Unit file referred for background check review George D.
09/25/2019	Application Incomplete Letter Sent Pg. 2 - Boxes 49 & 50
10/03/2019	Contact - Document Received Pg. 2 - Boxes 49 & 50
10/03/2019	Application Incomplete Letter Sent AFC 100 for Renda
10/17/2019	Contact - Document Received AFC 100 for Renda
10/24/2019	Application Incomplete Letter Sent
12/18/2019	Inspection Completed On-site

12/18/2019	Inspection Completed-BCAL Sub. Compliance
01/15/2020	Contact - Telephone call made Betty Deming. Unavailable - left message to contact to discuss next steps.
01/21/2020	Contact - Document Received Received requested documents, medical clearances w/ TB tests. Received statement from rental office regarding Class A Clayton - not sure if sufficient for interior finish.
01/21/2020	Contact - Document Received Requested documents received.
01/28/2020	Contact - Telephone call made FR Community/Rental Office, Robin Rosenberry Representative, 517-278-6857. Letter dated 01/17/2020 - Ms. Rosenberry not available. Left voice message requesting return phone call.
01/28/2020	Contact - Telephone call made Betty and George Deming. Mr. Deming confirmed that locks on bathroom and bedroom doors replaced with non-locking against egress hardware. Mrs. Deming will contact me to arrange final inspection.
01/28/2020	Contact - Telephone call received Robin Rosenberry, Tallgrass Office Manager/Rental Office. Ms. Rosenberry reported that she does not know the classification of the interior finish of the property, but stated she typed what Mr. Deming directed her to type/write in the letter dated 01/17/2020. Ms. Rosenberry stated she would complete research regarding the style of modular home, Clayton, and report back if she can find classification of the interior finish.
01/29/2020	Contact – Document Received. Class C documentation received via email. Application Complete – Onsite Needed.

02/07/2020 Inspection Completed – BCHS Full Compliance

02/07/2020 Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Country Garden AFC adult foster care home is in a residential area in Coldwater, MI. The home is a double-wide modular home with no basement. The home consists of a living room, dining room, kitchen, 2 full bathroom and three bedrooms. Two bedrooms have been identified for resident use.

The furnace, hot water heater, and laundry equipment are located on the main floor of the home. All are installed in a fixed and permanent manner in accordance with the manufacturer's instructions and maintained in a safe manner. The facility is equipped with battery powered, single station smoke detectors installed near sleeping areas, in the living room, and near the furnace. Fire extinguishers are installed on each floor of the home. The home does not have ramps installed at the exits of the home therefore the home cannot accommodate a resident who regularly requires the use of a wheelchair.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.7 X 9 + 2.4 X 4.2	106 SQ. FT.	1
2	11 X 10	110 SQ. FT.	1

The living, dining, and sitting room areas measure a total of 353 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **two (2)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to two (2) ambulatory residents, whose diagnosis is aged, mentally ill, developmentally disabled, and physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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 licensing record clearance request was completed with no LEIN convictions recorded for the applicant (s). The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant(s) 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 applicant acknowledges 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 (2) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification 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), Cogent, and the related documents required to be maintained in each employees 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 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 applicant acknowledges 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 the documents contained within each employee's file.

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 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 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 handling of resident funds and valuables and intends to comply.

The applicant acknowledges 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 applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all 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 1-2).



Vanita C. Bouldin
Licensing Consultant

Date: 02/13/2020

Approved By:



Ardra Hunter
Area Manager

Date: 02/20/2020