



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 25, 2020

Vicky Cates  
3960 Sharp Rd.  
Adrian, MI 49256

RE: Application #: AM460402968  
**Main Street Adult Foster Care**  
**505 S. Main Street**  
**Adrian, MI 49221**

Dear Ms. Cates:

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 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM460402968
<b>Applicant Name:</b>	Vicky Cates
<b>Applicant Address:</b>	3960 Sharp Rd. Adrian, MI 49256
<b>Applicant Telephone #:</b>	(517) 902-3950
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Main Street Adult Foster Care
<b>Facility Address:</b>	505 S. Main Street Adrian, MI 49221
<b>Facility Telephone #:</b>	(517) 263-3544
<b>Application Date:</b>	01/02/2020
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

11/22/2019	Inspection Completed-Fire Safety: A
01/02/2020	Enrollment
01/09/2020	Contact - Document Sent Act booklet
01/09/2020	Application Incomplete Letter Sent App - Box 16; 1326, RI030, FPs for Vicky; AFC100 for Admin
01/21/2020	Contact - Document Received App - Box 16; 1326, RI-030 & AFC100 for Vicky (LD & Admin)
01/22/2020	Lic. Unit file referred for background check review Vicky (LD & Admin)
02/07/2020	Contact - Document Sent Fire Safety String
02/10/2020	Application Incomplete Letter Sent
02/28/2020	Application Complete/On-site Needed
03/17/2020	Inspection Completed On-site virtual visit due to coronavirus
03/17/2020	Inspection Completed-Env. Health: A virtual inspection

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of the Property

The facility is a previously licensed AFC that has changed licensees. It is a 2 story Victorian style home, with a kitchen, dining room, 2 bedrooms on the first floor, 4 bedrooms on the second floor and 2.1 full bathrooms. The facility is/is not wheelchair accessible. The facility has a front porch. The furnace and hot water heater are 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 top of 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. A fire safety inspection from the BFS gave the facility an A rating and an environmental inspection resulted in an A rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1st-1	13'7"x16'9"	226	2
1st-2	16'x13'6"	216	3
2nd-1	10'x11'9"	118	1
2nd-2	11'9"x16'10"	197	2
2nd-3	18'x13'	234	2
2nd-4	13'x14'	182	2

The living, dining, and sitting room areas measure a total of 426 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 twelve (12) 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 twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. Residents will be referred from private sources and or the Lenawee Co CMHB.

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.

### **C. Applicant and Administrator Qualifications**

The applicant has enough financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no lien convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff –to- 12 residents per shift. **All staff shall be awake during sleeping hours.**

The applicant acknowledges an understanding of the training and qualification 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)), L-1 Identity Solutions™ (formerly Identix ®), 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

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 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 all 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.

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.

#### **D. Rule/Statutory Violations**

The applicant followed 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 small/medium group home (capacity 1 - 12).



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Jeffrey J. Bozsik  
Licensing Consultant

Date: 3/18/20

Approved By:



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Ardra Hunter  
Area Manager

Date: 3/25/2020