



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 9, 2020

Carl Schafer Jr.  
2433 W. Ludington Dr.  
Farwell, MI 48622

RE: Application #: AF180401871  
**Schafer AFC**  
**2433 W. Ludington Dr.**  
**Farwell, MI 48622**

Dear Mr. Schafer Jr:

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF180401871
<b>Applicant Name:</b>	Carl Schafer JR
<b>Applicant Address:</b>	2433 W. Ludington Dr. Farwell, MI 48622
<b>Applicant Telephone #:</b>	(989) 330-4041
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Schafer AFC
<b>Facility Address:</b>	2433 W. Ludington Dr. Farwell, MI 48622
<b>Facility Telephone #:</b>	(989) 588-9472
<b>Application Date:</b>	09/23/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

09/23/2019	Enrollment
09/26/2019	Application Incomplete Letter Sent
09/26/2019	Contact - Document Sent forms sent
10/21/2019	Inspection Report Requested - Health
10/21/2019	Contact - Document Received
10/21/2019	PSOR on Address Completed
10/21/2019	Contact - Document Sent
10/31/2019	Application Incomplete Letter Sent
11/18/2019	Inspection Completed-Env. Health: A
03/24/2020	Contact - Telephone call made To applicant
03/26/2020	Contact - Document Received Information form for Member of Household.
03/30/2020	Contact - Document Received Floor plan.
04/06/2020	Inspection Completed On-site Virtual via FaceTime due to COVID-19 restrictions.
04/06/2020	Inspection Completed On-site Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

Schafer AFC, the proposed facility, is a tri-level frame structure with the third level consisting of four bedrooms (one with an attached half-bath) and a full bath, the middle level a kitchen, dining room and living room for residents and the licensee's family living quarters and the lower level the furnace room, and storage. The home is located in a mixed residential and small business area approximately one mile outside the village

limits of Farwell, Michigan. Access to shopping areas, recreational spaces, medical facilities and other resources is available within a ten-mile radius of the home. This home was licensed as White AFC #2 from 1984 to the present.

The furnace and hot water heater are located in an enclosed furnace room on the lower level of the home with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. Battery powered, single station smoke detectors (which are also CO2 detectors) have been installed near sleeping areas, in the living room, in the (basement) near the furnace. The alarms can be heard throughout the home. Fire extinguishers are installed on each floor of the home. The home's private water supply and septic system were inspected and approved by the Central Michigan District Health Department on 11/18/2019.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds*
NW	13.25' x 10.2'	135 sq. ft.	2
N middle	13.25' x 9.8'	129.8 sq. ft.	1
NE	13.25' x 10.3'	136.5 sq. ft.	1
SE**	11.6' x 18.5'	214.6 sq. ft.	2

\*While the capacity of this home is limited to six (6) residents, all but the N Middle bedroom are large enough to accommodate two residents. The Total Resident Beds listed in the chart are as currently in place at the time of licensure.

\*\*The SE bedroom has an attached half bath for use by the residents of this bedroom.

The living room (15.3' x 16.2' = 247.9 sq. ft.) and kitchen/dining area (20.4' x 16.2' = 330.5 sq. ft.) provide a total of 578 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 **six (6)** ambulatory 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 (6) ambulatory residents 30 years of age or older, whose diagnosis is aged or developmentally disabled. 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. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by the current 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 (6) 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](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. 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 his 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 his 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 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 his 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 his 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 his 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 his 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 with a capacity of six residents.



Diane L Stier  
Licensing Consultant

April 9, 2020  
Date

Approved By:



04/09/2020

Dawn N. Timm  
Area Manager

Date