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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 20, 2020

Kent VanderLoon
McBride Quality Care Services, Inc.
P.O. Box 387
Mt. Pleasant, MI 48804-0387

RE: Application #: AS290404417
Woodhaven AFC
1015 S. St. John
Ithaca, MI 48847

Dear Mr. VanderLoon:

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,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS290404417
Applicant Name:	McBride Quality Care Services, Inc.
Applicant Address:	3070 Jen's Way Mt. Pleasant, MI 48858
Applicant Telephone #:	(989) 772-1261
Administrator:	Kent VanderLoon
Licensee Designee:	Kent VanderLoon
Name of Facility:	Woodhaven AFC
Facility Address:	1015 S. St. John Ithaca, MI 48847
Facility Telephone #:	(989) 388-4029
Application Date:	05/01/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/01/2020	Enrollment
05/01/2020	Contact - Document Received- 1326
05/01/2020	Inspection Report Requested – Health- Invoice No : 1030492
05/21/2020	Application Incomplete Letter Sent
07/23/2020	SC-Application Received - Original
07/23/2020	SC-ORR Response Requested MCN-ORR Angela Loiselle.
07/23/2020	SC-ORR Response Received-Approval MCN plans on contracting with Woodhaven.
09/21/2020	Contact - Document Received Hovey Heating, completed inspection of HVAC, Furnace, Hot Water Heater.
09/23/2020	Inspection Completed-Env. Health: B
10/21/2020	Inspection Completed-Env. Health: A
11/10/2020	Application Complete/On-site Needed
11/10/2020	Inspection Completed On-site
11/10/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a large ranch style home with vinyl siding and brick with an attached garage with concrete floor. The original structure of the home is over a full finished walk out basement that is accessible to residents. The facility is located on the outskirts of Ithaca, Michigan and sits back off of the road on 13 acres surrounded by a wooded area and farm fields with plenty of wildlife to view. The facility is wheelchair accessible and barrier free on the main floor. The main floor has two exits at ground level that lead to the parking lot and a third exit that has stairs that leads to the ground. The home utilizes private water supply and sewage disposal system which was inspected and approved by the Mid-Michigan District Health Department on October 21, 2020.

The main floor of the facility has a large kitchen, dining room, living room, staff office laundry room, a full bathroom with a walk-in shower, hair salon station, and nine

resident bedrooms. However, the licensee has elected to only utilize six bedrooms for residents as private sleeping quarters. The six resident bedrooms chosen for resident use each have an enclosed half-bathroom for resident use. The remaining three bedrooms will be used for storage, office space, etc., but will not be utilized by residents for sleeping. The full finished walkout basement has a full kitchen with dining space, bathroom with a bathtub, laundry room, two living room/recreation areas, and additional rooms for storage or offices. The basement has two walkout exits, one onto a cement patio and the other onto the ground.

The facility is heated by a boiler system which is located in the basement in a room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The hot water heater is also located in the basement. The facility has central air conditioning and all has been inspected and approved by Hovey Heating and Air Conditioning on September 21, 2020.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The system also has built-in carbon monoxide detection. The system was inspected by Summit Fire Protection and approved on October 19, 2020.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #2	10'9" X 15'8"	172.22 sq. ft	1
Bedroom #3	12'8" X 15'8"	202.24 sq. ft	1
Bedroom #4	12'9" X 13'7"	176.73 sq. ft	1
Bedroom #5	12'8" X 13'7"	175.36 sq. ft.	1
Bedroom #6	12'3" X 18'6"	228.78 sq. ft	1
Bedroom #7	10'10" X 18'6"	187.86 sq. ft	1

The indoor living and dining areas on the main floor measure a total of 518.4 square feet of living space. The living room/recreation area in the basement provides an additional 1425.5 square feet of living space for residents. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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 male and/or female residents who are mentally ill and/or developmentally disabled.

The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for

involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from local community mental health authorities.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities in Ithaca and Alma Michigan. The activities include, but are not limited to local community events, parades, fairs, day program, fishing, working, going to the movies, going out for meals, day trips, programs through the public schools and library, shopping centers, and local churches. These resources provide an environment to enhance the quality of life and increase the independence of the residents.

C. Applicant and Administrator Qualifications

The applicant is McBride Quality Care Services, Inc., a “Non-Profit Corporation”, established in Michigan on 10/09/1989. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of McBride Quality Care Services, Inc. has submitted documentation appointing Kent VanderLoon as licensee designee and administrator for this facility.

Criminal history background checks of Kent VanderLoon were completed, and he was determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting the good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. VanderLoon has been employed with McBride Quality Care Services, Inc. for 32 years and currently is the Licensee Designee for many facilities. He is fully trained in the required AFC trainings and has multiple years of experience with individuals diagnosed with mental illness and developmental disabilities.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of two staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be changed in order to provide the level of supervision or personal care required by the residents due to changes in behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and

training 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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 residents’ personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home capacity of six residents.



11/12/2020

Bridget Vermeesch
Licensing Consultant

Date

Approved By:



11/20/2020

Dawn N. Timm
Area Manager

Date