



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 21, 2021

William Boggs, Jr.  
2161 Bearanger Rd.  
Lapeer, MI 48446

RE: Application #:	AF440404754 Country Grove AFC 2161 Bearanger Rd. Lapeer, MI 48446
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Dear Mr. Boggs, 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 cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF440404754
<b>Applicant Name:</b>	William Boggs, Jr.
<b>Applicant Address:</b>	2161 Bearanger Rd. Lapeer, MI 48446
<b>Applicant Telephone #:</b>	(810) 664-0449
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Country Grove AFC
<b>Facility Address:</b>	2161 Bearanger Rd. Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 664-0449
<b>Application Date:</b>	06/01/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

06/01/2020	Enrollment
06/15/2020	Inspection Report Requested - Health Inv# 1030644
06/15/2020	Application Incomplete Letter Sent AFC 100, 1326, RI030 And Fps.
06/15/2020	PSOR on Address Completed
06/15/2020	Contact - Document Sent forms sent
07/21/2020	Contact - Document Received 1326, ri030, afc100
07/23/2020	Application Incomplete Letter Sent EHI
10/13/2020	File Transferred To Field Office Flint
10/15/2020	Application Incomplete Letter Sent
11/05/2020	Inspection Completed-Env. Health : A
11/05/2020	Contact - Document Received Original documentation received by licensee
11/16/2020	Application Complete/On-site Needed
01/13/2021	Inspection Completed On-site
01/13/2021	Inspection Completed-BCAL Full Compliance
01/21/2021	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Country Grove Adult Foster Care home is located at 2161 Bearanger Road in Arcadia Township, Lapeer, Michigan. This home has been licensed as a Medium Group home since 1993 under license number AM440015262. Sadly, the current licensee, Catherine

Boggs, died in May 2020. Her son, William Boggs Jr. is now taking ownership of the home and the Adult Foster Care facility.

The facility is a large, ranch style home located in a rural area of Lapeer County, situated on 5.7 acres of land. It is approximately six miles from the city of Lapeer which offers recreational, shopping, and medical services. The facility has private water, well, and sewer. It was inspected by the Lapeer County Health Department on 11/05/20 and was given an “A” rating.

This home has six bedrooms and two full bathrooms. The licensee is using one of the bedrooms (#5) as his private bedroom, and one of the bedrooms (#4) as his office. The remaining four bedrooms are for resident use. The facility also has a sitting room, living room, full kitchen, and dining room with available seating for all residents. The resident bedrooms are all fully furnished, and the bathrooms include safety features. There are three means of egress in this home. One egress door is at the front of the home and faces east, one is at the back of the home and faces west, and one is off the front/side of the house and faces north. This home is not wheelchair accessible.

The hot water heater, boiler, and laundry room are located in the basement. The dryer vents directly to the outside. There is a fire door at the bottom of the stairs which is equipped with a 1-3/4-inch, solid core door with an automatic self-closing device and positive latching hardware. The hot water was replaced in 2018 and the boiler was replaced in 2016. The hot water heater and boiler were inspected by Jack’s Heating & Cooling on 10/22/20 and were determined to be in good working order. 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 basement is not intended for resident use.

Resident bedrooms were measured and have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	13’1” x 15’6”	203	2
#2	11’4” x 11’10”	134	1
#3	10’2” x 11’11”	111	1
#6	13’5” x 16’1”	216	2

The living, dining, and sitting room areas measure a total of 748 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 **six (6)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

## **B. Program Description**

The licensee intends to provide 24-hour supervision, protection, and personal care to six (6) ambulatory residents, whose diagnosis is developmentally disabled and/or mentally ill. This facility will be licensed for males only. 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 projected income from caring for AFC residents along with savings.

The applicant acknowledged 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 relief in case of emergency.

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 website [www.miltcpartnership.org](http://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 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, 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 applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult family home with a capacity of 6.

*Susan Hutchinson*

January 21, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

January 21, 2021

Mary E Holton Area Manager	Date
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