



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 2, 2021

Justin Foster AND Colleen Foster
3144 Robinson Rd
Jackson, MI 49203

RE: Application #: AF380405514
Katie's Place
3144 Robinson Rd
Jackson, MI 49203

Dear Justin Foster AND Colleen Foster:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF380405514
Licensee Name:	Justin Foster AND Colleen Foster
Licensee Address:	525 Hallett St 3144 Robinson Rd Jackson, MI 49203
Licensee Telephone #:	(517) 990-4460
Administrator/Licensee Designee:	N/A
Name of Facility:	Katie's Place
Facility Address:	3144 Robinson Rd Jackson, MI 49203
Facility Telephone #:	(517) 990-9582 08/21/2020
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

08/21/2020	On-Line Enrollment
08/24/2020	PSOR on Address Completed
08/24/2020	Contact - Document Sent Rule booklet
08/24/2020	Inspection Report Requested - Health Inv. #1030843
09/14/2020	Inspection Report Requested - Health Inv. #1030912 - no private well
09/15/2020	Inspection Completed-Env. Health: A
09/17/2020	Contact - Document Received App; 1326's, RI-030's, med cl's, & TB's for Justin & Colleen; AFC100 for Stormy (RP)
09/21/2020	Lic. Unit file referred for background check review Justin
09/21/2020	Lic. Unit file referred for background check review Colleen
10/16/2020	Contact - Document Received Updated DL's for Justin & Colleen
10/28/2020	Application Incomplete Letter Sent
12/04/2020	Contact - Telephone call made to Mrs. Colleen Foster. Due to the COVID-19 Pandemic, the on- site inspection will be virtual.
12/10/2020	Inspection Completed On-site

Due to the COVID-19 Pandemic and restrictions, a virtual on-site inspection was completed. During the virtual inspection, the application, programming, the rules, Public Act 218, background checks and assessments, required forms, and other licensing requirements and protocols were discussed.

12/18/2020	Contact - Document Received Several documents were received beginning on 12/18/2020; included but not limited to floor plans, evacuation and emergency procedures, admission, discharge and refund policies, financials, policies and procedures, and documents related to the property.
12/28/2020	Contact - Telephone call made to Mr. Justin Foster. Update provided.
01/14/2021	Contact - Telephone call received From Stormy Foster. I requested additional information.
01/15/2021	Contact - Telephone call received from Stormy Forster. The information will be faxed.
01/27/2021	Inspection Completed-BCAL Full Compliance
01/27/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

It should be noted that this facility was previously licensed (AF380326505 & AF380293477). There will be a change of ownership (within the family); therefore, a new license is required.

A. Physical Description of Facility

Katie's Place adult foster care home is located in a residential neighborhood in Jackson, Michigan. This is a single-story home was built in the 1940's. The home has a full basement. Structural modifications were made to the home in 1989. There is also a detached garage on the property. The primary entrance for residents is located on the side of the facility, facing North. This entrance is equipped with a wheelchair ramp,

which terminates on to pathed ground. The second identified resident exit is located off the Southside of the facility; it is not equipped with a ramp. These exits are equipped with non-locking against egress hardware. The applicant demonstrated that the facility meets criteria for wheelchair accessibility.

The primary entrance opens to the living room. There is a corridor which leads to the six resident bedrooms and the main bathroom. The bedroom and bathroom doors are equipped with non-locking against egress hardware. The living and dining rooms are located at the end of the corridor. The dining room leads to the kitchen and laundry room. The entryway from the kitchen leads to the applicant's living quarters and the basement.

The basement door, which provides floor separation, is a 90-minute door and is equipped with an automatic self-closing device and positive latching hardware. The bedrooms located in the basement are part of the applicant's living quarters, and they are equipped with egress windows.

The basement contains the gas fired forced air furnace and the water heater. The gas water heater also contains safeguards that assures a constant hot water temperature, so that it will not exceed 120 degrees Fahrenheit. The electrical panel is also located in the basement.

The facility has public water supply and private sewage disposal system.

The facility is equipped with battery-operated smoke detectors, and the resident living areas and dining areas, are equipped with an interconnected, hardwired smoke detection system. This system is in good operating condition. In addition, battery-operated smoke detectors are located in each resident bedroom, in the applicant's living areas, and in the required areas of the basement in the home. The facility is also equipped with fire extinguishers on the first level and in the basement of the home.

There is a fireplace in the applicant's living quarters. The applicant documented in writing that it is inoperable, and it will not be utilized.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total # of Beds
Bedroom #1	9' x 13'	117	1
Bedroom #2	12' x 12'	144	1
Bedroom #3	9' x 13'	117	1
Bedroom #4	12' x 12'	144	1
Bedroom #5	9' x 13'	117	1
Bedroom #6	10 x 12'	120	1

The indoor living, dining, and sitting room areas measure a total of 528 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 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 6 female residents who are 50 to 99 years of age, who are aged or physically handicapped. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Katie's Place strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents.

The applicant intends to accept individuals with private sources of payment.

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, the applicant intends to utilize local community resources such as libraries, shopping centers, churches, farmers market, and the movies. The facility will also have activities available such as puzzles, games, cross-stitching, gardening, music, and exercise.

C. Applicant and Responsible Person Qualifications

The applicants are Justin and Colleen Foster. Criminal background checks of the applicants were completed, and they were determined to be of good moral character to provide licensed adult foster care. Justin Foster grew up in this home, as his family operated the adult foster care home for many years. Justin and Colleen are married. Colleen has provided care for her grandmother. She also has work experience as a medical assistant, and she has worked in other adult foster care homes. She has been trained in CPR and First Aid.

The responsible person for this home will be Stormy Foster. Mrs. Foster operated an adult foster care home for many years.

The applicants and the responsible person submitted a medical clearance and statements from a physician documenting their good health and current negative tuberculosis test 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.

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. The applicant acknowledged 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 <https://miltcpartnership.org> and the related documents required 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 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 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.

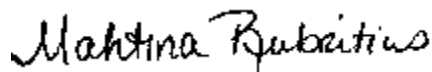
In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 family home (capacity 1-6).



1/27/2021

Mahtina Rubritius
Licensing Consultant

Date

Approved By:



02/02/2021

Ardra Hunter
Area Manager

Date