



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

June 17, 2021

Michael Kirby II
Kirby's Adult Foster Care Services Inc.
2285 E. Lily Lake
Harrison, MI 48625

RE: Application #: AS370408026
Shady Oak
9320 E Pickard
Mt Pleasant, MI 48858

Dear Mr. Kirby II:

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,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS370408026
Applicant Name:	Kirby's Adult Foster Care Services Inc.
Applicant Address:	2285 E. Lily Lake Harrison, MI 48625
Applicant Telephone #:	(989) 539-7365
Administrator/Licensee Designee:	Michael Kirby II
Administrator:	Michael Kirby II
Name of Facility:	Shady Oak
Facility Address:	9320 E Pickard Mt Pleasant, MI 48858
Facility Telephone #:	(989) 430-8061
Application Date:	04/09/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/02/2021	Inspection Completed-Env. Health: A
04/09/2021	Enrollment - Online Application Download Failure
04/12/2021	Inspection Report Requested - Health Invoice No: 1031455
04/12/2021	Contact - Document Received 1326 & RI030
05/20/2021	SC-Application Received - Original
05/27/2021	Inspection Completed-BCAL Sub. Compliance
06/01/2021	Application Incomplete Letter Sent
06/01/2021	Contact - Telephone call made to Michael Kirby
06/02/2021	Contact – Document received. Text and email received from Mr. Kirby with documentation of door, lock, and handrail for wheelchair ramp.
06/04/2021	Inspection completed – BCAL Full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property known as Shady Oak AFC is located at 9320 E. Pickard Rd., Mount Pleasant, MI 48858. The home is situated in a secluded location on M-20; 6 miles east of downtown Mount Pleasant. Shady Oak AFC is a large four bedroom ranch home sitting on two acres. The facility has ample parking for staff and visitors. Mount Pleasant is the county seat of Isabella County. The city of Mount Pleasant has a movie theatre, shopping, bowling alley, public library, two hospitals, restaurants, Central Michigan University, and Soaring Eagle Casino. Mount Pleasant also has an abundance of parks with bike trails and outdoor recreation space.

This single story home is vinyl sided with ample parking space alongside an extended driveway. The home contains a living room, family room, dining room, sitting room, kitchen, two private bedrooms, two semiprivate bedrooms, full bathroom, half bathroom, and utility room. The sitting room has a sliding glass door which exits at grade to a large patio. The basement, although not accessible to residents, houses the natural gas heating plant and the central air-conditioning unit. The home has private sewage and water systems. The home is equipped with two wheelchair ramps from the first floor making it wheelchair accessible, however Mr. Kirby only plans on taking ambulatory

residents and will not be utilizing the wheelchair ramps. The first ramp exits out the front door and exits into the driveway. The second ramp exits outside of the side of the home and exits into the front driveway.

An Environmental Health Inspection was completed on February 2, 2021 by the Mid-Michigan-Health Department and the facility was determined to be in substantial compliance with applicable environmental health rules. The kitchen and bathroom water temperatures in the facility measured between 105 and 120 degrees Fahrenheit at the time of the on-site inspection.

The furnace at Shady Oak AFC is located in the basement and floor separation is maintained by an appropriately rated fire door at the top of the stairs with an automatic self-closer and non-locking-against-egress door hardware. A permanent outside vent which cannot be closed is incorporated into the design of the heating plant room so that adequate air for proper combustion is assured.

The natural gas furnace was inspected by Tim Dana from Evergreen Heating and Cooling, LLC on June 6, 2021 and determined safe and operable. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The smoke detection system was inspected on June 8, 2021 by Summit Fire Protection and is fully operational. The facility is in compliance with all fire safety requirements of small six bed adult foster care facilities.

Resident bedrooms contained a closet and were measured during the on-site inspection. Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'4" X 10'6"	87.5	1
2	10'9" X 8'8"	93.17	1
3	11'8 X 11'7"	135.14	2
4	11'8 X 11'2	130.28	2

Total Capacity: 6

The living, dining, and sitting room areas measure a total of 887 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

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Michael Kirby intends to provide 24-hour supervision, protection, and personal care to

six (6) 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. The applicant intends to accept residents from Community Mental Health for Central Michigan or private pay individuals as a referral source.

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.

In addition to the above program elements, it is the intent to utilize local resources and the facility will make provision for a variety of leisure and recreational equipment. These resources will provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Kirby's Adult Foster Care Services, Inc., which is a "For Profit Corporation" established in Michigan, April 7, 2010. 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 Kirby's Adult Foster Care Services, Inc. have submitted documentation appointing Michael J Kirby II as licensee designee and administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Kirby, licensee designee and administrator. Mr. Kirby submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

Mr. Kirby has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Kirby has multiple AFC facilities that are currently licensed and in good standing. He has over twenty years of experience working with individuals with developmental disabilities and mental illness. In addition to his years of experience working in Adult Foster Care homes, he has a bachelor's degree in business from Central Michigan University. Mr. Kirby has an extensive admission process in place to ensure the compatibility of residents with varying needs and to ensure direct care staff member are adequately trained to provide appropriate care to residents.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff per waking hours and one non-sleeping staff during

sleeping hours. Mr. Kirby acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. All direct care staff members shall be awake during sleeping hours.

Mr. Kirby acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mr. Kirby acknowledges 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.

Mr. Kirby 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Mr. Kirby 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.

Mr. Kirby acknowledges their 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 acknowledges their 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.

Mr. Kirby 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.

Mr. Kirby acknowledges their responsibility to obtain the required written assessment, 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.

Mr. Kirby acknowledges their 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.

Mr. Kirby acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Kirby acknowledges 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 resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Kirby acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Kirby indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Kirby 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. Mr. Kirby 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.

Mr. Kirby 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.

Mr. Kirby acknowledges 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 six-month temporary license to this adult foster care small group home with a capacity of six ambulatory residents.

Jennifer Browning

06/08/2021

Jennifer Browning
Licensing Consultant

Date

Approved By:

Dawn Timm

06/15/2021

Dawn N. Timm
Area Manager

Date