



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 28, 2021

Brandy Krikke
1783 N Winn Rd
Weidman, MI 48893

RE: Application #: AF370407894
House of Peace
1783 N Winn Rd
Weidman, MI 48893

Dear Ms. Krikke:

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 #:	AF370407894
Licensee Name:	Brandy Krikke
Licensee Address:	1783 N Winn Rd Weidman, MI 48893
Licensee Telephone #:	(231) 660-3964
Administrator:	N/A
Licensee:	Brandy Krikke
Name of Facility:	House of Peace
Facility Address:	1783 N Winn Rd Weidman, MI 48893
Facility Telephone #:	(231) 660-3964
Application Date:	04/01/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED AGED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/01/2021	On-Line Enrollment
04/02/2021	Contact - Document Sent 1326, RI030, AFC100
04/02/2021	PSOR on Address Completed
04/02/2021	Inspection Report Requested - Health Invoice No: 1031385
04/19/2021	Contact - Document Received 1326 & RI030 for Brandy, AFC100 for Bruce
04/22/2021	Comment Brandy must update address with SOS
04/22/2021	Lic. Unit file referred for background check review ICHAT hit for Bruce, referred to C. Pilarski for review
04/26/2021	Contact - Document Received Proof of address update
04/27/2021	Inspection Completed-Env. Health: A
05/06/2021	Application Incomplete Letter Sent
05/10/2021	Contact - Telephone call received from Brandy Krikke - email and discussed documents still needed.
05/17/2021	Application Complete/On-site Needed - Scheduled on site for 5/27/2021 at 10 am.
05/27/2021	Inspection Completed On-site
05/27/2021	Inspection Completed-BCAL Sub. Compliance
07/22/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

House of Peace is a well maintained large brick ranch style home with five bedrooms and two bathrooms on a one acre lot set in a peaceful rural setting in Weidman, Michigan which is located in Isabella County. Beal City is within walking distance from House of Peace and there are two restaurants and a church residents could utilize.

The AFC family home physical plant layout is a ranch style with all five resident bedrooms on one end of the home along with the full resident bathroom located along the same end of the home. The main level of the home also has a kitchen, living area and dining space for residents to enjoy. There is also a small ½ bathroom located off of the laundry area however this bathroom is difficult to navigate and will not be available for regular resident use. There is a basement where the licensee and her family will reside that will not be accessible to residents. The basement living space has its own small kitchen, living area, and dining space as well as its own full bathroom for the family to utilize. The home is wheelchair accessible and has a least one approved means of egress that is equipped with a ramp from the first floor. Residents who require the continued use of a wheelchair for mobility purposes would be able to reside in this AFC family home.

The home utilizes private water and sewer disposal system. This facility was inspected by the Central Michigan District Health Department on April 27, 2021 and was in substantial compliance with all applicable environmental health rules. There is an electric water heater and natural gas boiler located in the basement of the home. Since they are located in the basement, floor separation is established by the basement entrance being equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. An on-site inspection verified the home is in substantial compliance with rules pertaining to fire safety.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'9" X 11'1"	96.98	1
2	11'2 X 9'4"	104.22	1
3	12'5" X 12'3"	152.1	2
4	12' X 9'6"	114	1
5	12'10" X 11'5"	146.51	1

Total Capacity: 6

The indoor living and dining areas measure a total of 500 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Currently living in the home is the licensee, Brandy Krikke and responsible person, Bruce Munro. Ms. Krikke plans to admit six adult foster care residents.

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

Ms. Krikke intends to provide 24-hour supervision, protection, and personal care to 6 male and/or female residents who are aged, physically handicapped, mentally ill, developmentally disabled, or traumatically brain-injured. Ms. Krikke has over twenty years of healthcare experience. She has been employed in nursing facilities and home health care. In 2010, she obtained her state nursing license which remains valid.

The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety, opportunity for involvement in educational or day programs, employment, and transportation. Ms. Krikke intends to accept referrals from Isabella County DHS, Veterans Administration, or residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

In addition to the above program elements, it is the intent of Ms. Krikke to utilize local community resources for recreational activities. Ms. Krikke plans on using resources and activities such as the senior center, spending time at the lake, yard sales, movies, restaurants, and shopping. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of Ms. Krikke and responsible person, Bruce Munro were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Krikke and responsible person, Bruce Munro, submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Krikke 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 outside employment.

Ms. Krikke acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, Ms. Krikke, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Ms. Krikke acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Krikke acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

Ms. Krikke acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Krikke 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.

Ms. Krikke acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those responsible people that have received medication training and have been determined competent by licensee Ms. Krikke will administer medication to residents. In addition, Ms. Krikke indicates that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Krikke 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. Ms. Krikke 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.

Ms. Krikke acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident’s file.

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

Ms. Krikke acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Ms. Krikke indicated intent to respect and safeguard these resident rights.

Ms. Krikke acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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

D. Rules or 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 family home with a capacity of six residents.



Jennifer Browning
Licensing Consultant

7/27/2021

Date

Approved By:



07/28/2021

Dawn N. Timm
Area Manager

Date