



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

July 15, 2022

Jennipher Gibbons
1850 W Michigan Ave
EDMORE, MI 48829

RE: Application #: AF590409770
Gibbons AFC
1850 W Michigan Ave
Edmore, MI 48829

Dear Ms. Gibbons:

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 4 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
Browningj1@michigan.gov - (989) 444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF590409770
Licensee Name:	Jennipher Gibbons
Licensee Address:	1850 W Michigan Ave EDMORE, MI 48829
Licensee Telephone #:	(989) 560-1301
Name of Facility:	Gibbons AFC
Facility Address:	1850 W Michigan Ave Edmore, MI 48829
Facility Telephone #:	(989) 762-3033 08/03/2021
Application Date:	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/03/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for Jennipher, AFC100 for Phillip
08/03/2021	On-Line Enrollment
08/04/2021	Contact - Document Sent 1326, RI030, AFC100
08/04/2021	PSOR on Address Completed
08/04/2021	Inspection Report Requested – Health Invoice No : 1031805
08/18/2021	Inspection Completed-Env. Health : A
09/13/2021	Contact - Document Received copy of app, 1326 & RI030 for Jennipher, AFC100 for Phillip
09/17/2021	Application Incomplete Letter Sent
11/14/2021	SC-Application Received - Original
03/16/2022	Contact - Document Sent to Ms. Gibbons to let her know consultant changed and to notify when the detectors are interconnected.
05/11/2022	Contact - Telephone call made to Ms. Gibbons
05/11/2022	Contact - Document Sent Email to Ms. Gibbons inquiring on status of smoke alarms and notifying about new medical clearances needed.
07/12/2022	Contact - Document Received Furnace inspection, updated TB, water heater inspection
07/12/2022	Inspection Completed On-site
07/12/2022	Inspection Completed-BCAL Sub. Compliance
07/13/2022	Contact - Document Received Updated medical clearances sent by email for Jennipher and Phillip Gibbons
07/14/2022	Application Complete/On-site Needed
07/14/2022	Contact – Telephone call to Jennipher Gibbons regarding pool safety and procedures
07/14/2022	Inspection Completed-BCAL Full Compliance - Photo received of porch and bathtub handrail completed.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Gibbons AFC is physically located in the Village of McBride. The home is a ranch home with five bedrooms, laundry room, two bathrooms, family room, living room, dining room, and a spacious kitchen. There are two double resident bedrooms, the applicant's bedroom and two bedrooms for the applicant's children. There is a small deck in the front of the home and a larger deck in the back with a fenced in area enclosing the swimming pool. The swimming pool is surrounded by two locking gates. There is also a door chime that says "door open" when the back door opens. The residents are able to use the pool if they choose and they are always supervised by the licensee, Jennifer Gibbons or responsible person, Phillip Gibbons. Licensee Jennifer Gibbons will obtain guardian consent for all residents that will use the swimming pool. The home is also located next door to the Fred Meijer Heartland Trail which connects the cities of Alma and Greenville, Michigan and offers additional recreational opportunities.

The home is in a rural area and sits on five well-manicured lots. The home does not have a basement and it is not wheelchair accessible due to none of the exits/entrances being at grade or being equipped with a wheelchair ramp. Consequently, this AFC family home will not be able to provide care to residents who require the use of a wheelchair as an assistive device. Gibbons AFC is located approximately 25 minutes from Alma and 40 minutes to Mt. Pleasant. Residents living at this facility must be able to navigate stairs safely as the entrances and exits to the AFC family home all have stairs. There are two resident bedrooms located on the main floor and a resident bathroom in the center of the home. Residents will have access to the whole home with the exception of the licensee's master bedroom and bathroom. Gibbons AFC utilizes a private water supply and private sewage system which was determined to be in substantial compliance with the Mid-Michigan Health Department on 08/18/2021.

The family home is heated with a gas furnace and has a gas hot water heater located in the laundry room. The furnace and water heater were inspected on July 11, 2022 by a licensed inspector and are in good working condition. The laundry room door is a 1 ³/₄ inch solid wood core door that is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed on May 5, 2022 by a licensed electrician and is fully operational in all sleeping areas and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4" x 13'8"	182.22	2
2	13'9" X 12'8"	174.17	2

The indoor living and dining areas measure a total of 350.77 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate four 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 four male or female residents who are developmentally disabled, mentally ill, traumatically brain injured, or aged. The program will include social interaction with family, friends, and people of the community, continued support to assist residents in maintaining personal hygiene and activities of daily living, provide independent living skills, and opportunity for involvement in day programs. The home will not provide transportation but will assist the residents in securing transportation when a need arises.

The applicant intends to accept referrals from private pay, Adult Protective Services, Community Mental Health contracts. 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 and/or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including orchards, community groups, local activities, the public library, stores, and restaurants. These resources provide an environment to enhance the quality of life.

C. Applicant and Responsible Person Qualifications

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

Ms. Gibbons 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. Gibbons 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 four residents will be the responsibility of the family home applicant, 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. Gibbons acknowledged that the number of responsible persons on duty in the home may need to change in order to provide the appropriate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home. Ms. Gibbons acknowledged an understanding of the responsibility to assess the good moral character of employees.

Ms. Gibbons 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 (www.miltcpartnership.org) and the related documents required to demonstrate compliance. Ms. Gibbons acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Gibbons indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Gibbons acknowledged 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. Gibbons 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 or as necessary. Ms. Gibbons 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. Gibbons acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Gibbons 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 resident personal money transactions that have been agreed to be managed by the licensee.

Ms. Gibbons acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Ms. Gibbons indicated intent to respect and safeguard these resident rights. Ms. Gibbons 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. Gibbons 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 family home with special certification with a capacity of four residents

Jennifer Browning

Jennifer Browning
Licensing Consultant

7/14/2022

Date

Approved By:

Dawn Timm

07/15/2022

Dawn N. Timm
Area Manager

Date