



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 6, 2023

John Moore  
1339 McConnell Hwy  
CHARLOTTE, MI 48813

RE: Application #: AF230414029  
**Moore's Country Living**  
**1339 McConnell Hwy**  
**Charlotte, MI 48813**

Dear Mr. Moore:

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. If 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 "Candace Coburn".

Candace Coburn, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF230414029
<b>Licensee Name:</b>	John Moore
<b>Licensee Address:</b>	1339 McConnell Hwy CHARLOTTE, MI 48813
<b>Licensee Telephone #:</b>	(517) 543-6114
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Moore's Country Living
<b>Facility Address:</b>	1339 McConnell Hwy Charlotte, MI 48813
<b>Facility Telephone #:</b>	(517) 543-6114
<b>Application Date:</b>	09/06/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

09/06/2022	On-Line Enrollment
09/07/2022	Application Incomplete Letter Sent requesting 1326, AFC-100, RI-030 forms.
11/15/2022	Document Received - AFC 100 for Hailey Kuehn.
11/28/2022	Telephone call received regarding status. Application Incomplete letter, AFC-100, 1326, and RI-030 sent.
11/30/2022	PSOR on Address Completed.
12/01/2022	Contact - Document Received 1326, RI-030, AFC-100.
12/05/2022	Inspection Report Requested – Health.
12/05/2022	File transferred to field office.
01/04/2023	Application Incomplete Letter Sent via email for required facility documents.
01/27/2023	Application Complete/On-site Needed.
01/30/2023	Onsite inspection completed – Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Moore's Country Living is a single-story ranch style home located in a rural area in Charlotte, MI. The main floor has four resident bedrooms, two full bathrooms, and a shared dining, kitchen, and living room. The home is wheelchair accessible with two approved means of egress. The home has a wheelchair ramp located at the primary means of egress from the first floor. The property is owned by the applicant John Moore. On file is proof of ownership.

The home utilizes private water and sewer systems that were inspected and approved by the local health authority. A copy of this inspection report is on file. An on-site inspection verified the facility was in substantial compliance with rules pertaining to environmental health.

An on-site inspection verified the facility was also in substantial compliance with rules pertaining to fire safety. A propane furnace and water heater are located in the basement of the home. A 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware is installed at the bottom of stairs leading to the

basement. The facility is equipped with 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 x 13	130	2
2	10 x 13	130	2
3	9.05 x 9	81	1
4	12 x 8	96	1

The indoor living and dining room areas measure a total of 901 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the home's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to six residents who are aged and/or are physically handicapped. The program will include social interaction, personal adjustment, opportunity for involvement in community programs and onsite hair and nail grooming services. The applicant intends to accept residents with private sources for payment.

## **C. Applicant and Responsible Person qualifications**

Criminal history background checks of the applicant John Moore and responsible person Haily Kuehn were completed and both were determined to be eligible and of good moral character to provide licensed adult foster care. Mr. Moore and Ms. Kuehn submitted statements from a physician documenting their good health and current TB-tine negative results. Mr. Moore and Ms. Kuehn provided documentation to satisfy the qualifications and training requirements identified in the family home rules. Mr. Moore has worked as a caregiver in an adult foster care family home for the past 18 years and has managed an adult foster family home for the past two years. Ms. Kuehn has been worked in the adult care industry for over 8 years. Her career started as an activity's assistant in a nursing home. She went on to work at Delta Retirement Center in Lansing Michigan for 7 years, where she became an activity director. In this role, she created, planned, and facilitated activities for long term care residents. Ms. Kuehn maintained a budget for the department, oversaw and facilitated the hiring process, and managed staff within her department.

The applicant acknowledges the requirement that the licensee of an adult foster care family home must reside in the home 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, 24 hours a day / 7 days a week. A responsible person will be on call in an emergency for up to 72 hours.

The applicant acknowledges that the number of responsible persons-to- residents on duty in the home may need to increase to provide an adequate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of any hired employees. The applicant 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](http://www.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 indicates 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 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 the 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.

The applicant acknowledges the responsibility to maintain a current resident record on file in the home for each resident and retain all the documents required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster

care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicates intent to respect and safeguard these resident rights.

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 their causes. The applicant indicates intent to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant(s) acknowledge(s) 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant is in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend the issuance of a six-month temporary family home adult foster care license with a licensed capacity of six (6).



2/3/2023

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Candace Coburn Date  
Licensing Consultant

Approved By:



02/06/2023

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Michele Streeter Date  
Area Manager