



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 26, 2023

Amy Cork
4191 McCandlish Rd
GRAND BLANC, MI 48439

RE: Application #:	AF250414445 McCandlish Manor 4191 McCandlish Rd Grand Blanc, MI 48439
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Dear Ms. Cork:

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) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250414445
Licensee Name:	Amy Cork
Licensee Address:	4191 McCandlish Rd GRAND BLANC, MI 48439
Licensee Telephone #:	(810) 965-5337
Administrator/Licensee Designee:	N/A
Name of Facility:	McCandlish Manor
Facility Address:	4191 McCandlish Rd Grand Blanc, MI 48439
Facility Telephone #:	(810) 965-5337
Application Date:	10/11/2022
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/11/2022	On-Line Enrollment
10/12/2022	Inspection Report Requested - Health
10/12/2022	Application Incomplete Letter Sent emailed app incomplete ltr, 1326, afc-100 and ri-030
11/14/2022	Inspection Completed-Env. Health : A
01/04/2023	Application Incomplete Letter Sent App incomplete sent again w/1326 and RI-030
02/01/2023	Contact - Document Received
03/14/2023	PSOR on Address Completed
03/24/2023	Application Incomplete Letter Sent Via email
05/03/2023	Contact - Document Received Documentation received from licensee
05/16/2023	Application Incomplete Letter Sent 2nd application incomplete letter sent via email
06/12/2023	Inspection Completed-Env. Health : A
06/13/2023	Application Complete/On-site Needed
06/15/2023	Inspection Completed On-site
06/15/2023	Inspection Completed-BCAL Full Compliance
06/26/2023	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

McCandlish Manor Adult Foster Care facility is located at 4191 McCandlish Road in the City of Grand Blanc. This home is currently licensed as a group home under license number AS250402105. The licensee, Divine Caring Home LLC has sold the home to the former owner, Amy Cork. The current licensee designee, Falguni Raval submitted a signed letter requesting that her license be closed once the family home license is

issued to Amy Cork. The home has a private well and public sewer. The well and water were inspected by the Genesee County Health Department on 06/12/2023 and were given an "A" rating.

This is a ranch-style home located in a well-established neighborhood. The home consists of a living room, kitchen, dining area, five bedrooms, two full bathrooms and one ½ bathroom. There is also a 3-season/sunroom located at the back of the facility. The main bathroom is fully equipped with a walk-in shower with safety bars as well as safety bars near the toilet. The other full bathroom is connected to the Southwest bedroom (Bedroom #3) and is fully equipped with a shower with safety bars and safety bars near the toilet. The ½ bathroom is located off the kitchen area near the side door, leading to the garage. There are safety bars near the toilet.

There are three independent means of egress, but only two of them are available for resident use. The first exit is located at the front of the facility and is equipped with a wheelchair ramp, leading to the driveway of the home. The second exit is located off the sunroom and is equipped with a wheelchair ramp, leading to the side of the home. The third exit is located off a small foyer which leads to the garage. This exit is not considered an emergency exit since it is not equipped with a ramp. This facility is wheelchair accessible, and the ramps meet R 400.14509, Means of egress; wheelchairs.

The washer and dryer are separated from the living/dining room area by twin doors which are kept locked. The dryer is equipped with a solid metal vent. The licensee keeps all the facility's cleaning supplies in this area, away from the residents.

The two furnaces and one hot water heater are in the basement. The furnaces and air conditioning unit were inspected on 09/29/2022 by Adkisson Air1 Heating & Cooling, Autumn Glo FP and were deemed to be in safe working condition. The hot water heater was inspected on 05/04/2023 by Adkisson Air1 Heating & Cooling, Autumn Glo FP and was deemed to be in safe working condition.

Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware which is located at the bottom of the stairs. The facility is equipped with an interconnected hard-wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each floor of the facility.

The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10' x 13'	130 sq. ft.	1
#2	13' x 12'	156 sq. ft.	2
#3	14'6" x 11'6"	167 sq. ft.	2
#4	10' x 10'	100 sq. ft.	1

#5	10' x 13'	130 sq. ft.	Occupied by Licensee
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The living and dining room areas measure a total of 403 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. Bedroom #2 and Bedroom #3 are both suitable for two residents. The licensee, Amy Cork, lives in the home and she occupies Bedroom #5. Ms. Cork wants the flexibility to be able to move into one of the other bedrooms based on resident need. However, she verbalized her understanding that under no circumstances can she exceed her licensed capacity of six (6) residents.

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. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male or female ambulatory adults whose diagnosis is aged and/or physically handicapped 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. Residents will be referred from local agencies including the Department of Health and Human Services, area agencies on aging, home health agencies, etc.

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.

The licensee will ensure that the residents' medical needs are met. The licensee plans to provide some transportation to residents within Genesee County on a case-by-case basis, but transportation is available via 911 emergency services. Transportation services will be addressed with each resident via their Resident Care Agreement. The facility will make provisions for community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Licensee Designee and Administrator Qualifications

The applicant, Amy Cork, submitted a financial statement and proposed budget to demonstrate her financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no lein convictions recorded for the

licensee and responsible person. The licensee and responsible person submitted a medical clearance request from a physician documenting their good health and current TB-tine negative results.

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 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 website www.miltcpartnership.org, and the related documents required to be maintained in each employees record 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 her 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 her 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 her 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 her 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 her 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 her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. Compliance with quality-of-care rules will be assessed during the period of temporary licensing via an onsite inspection.

IV. RECOMMENDATION

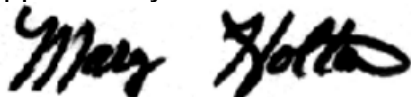
I recommend the issuance of a temporary license to this AFC Family Home with a capacity of 6.



June 26, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:



June 26, 2023

Mary E. Holton Area Manager	Date
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