



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 13, 2024

Raven Hatt
6517 20th Ave
Sears, MI 49679

RE: Application #: AF670418304
Raven's Nest
6517 20th Ave.
Sears, MI 49679

Dear Ms. Hatt:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF670418304
Applicant Name:	Raven Hatt
Applicant Address:	6517 20th Ave Sears, MI 49679
Applicant Telephone #:	(231) 629-9010
Administrator/Licensee Designee:	N/A
Name of Facility:	Raven's Nest
Facility Address:	6517 20th Ave. Sears, MI 49679
Facility Telephone #:	(231) 629-9010
Application Date:	03/02/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/01/2024	Inspection Report Requested - Health
03/02/2024	Enrollment
03/08/2024	Application Incomplete Letter Sent Requested 1326/RI030 and AFC100
03/08/2024	PSOR on Address Completed
03/08/2024	Contact - Documents Sent Requested forms provided
03/26/2024	Contact - Document Received
03/27/2024	File Transferred to Field Office
04/02/2024	Inspection Completed-Env. Health : A For existing license, AF670391967, at same address
05/17/2024	Inspection Completed On-site
05/17/2024	Inspection Completed-BCAL Full Compliance
05/27/2024	SC-Application Received - Original
06/12/2024	Application Completed Remaining required documents received
06/13/2024	Contact – Document Received Updated paper application

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Raven's Nest adult foster care home is a vinyl sided and metal roof single story home on a crawl space located in Sears, Michigan, Osceola County. The home sits on three acres of land. There is a wooden deck on the back of the home for resident use. There is parking for residents, staff, and visitors. The facility is located about seven miles from Ewart, Barryton, and Marion, Michigan and about 40 miles each from Mt. Pleasant and Big Rapids, Michigan.

The areas of the facility that are designated for resident use are the living room, dining room and kitchen. There are three bedrooms for resident use. The applicant will use a fourth bedroom which is not for use by the residents. The facility has one full bathroom with a tub-shower combination and two half-baths. Each resident room has space for

up to two residents. The home utilizes private water, septic and sewer. The Mid-Michigan District Health Department inspected the water quality and sewage disposal system on April 2, 2024 and the facility was found to be in substantial compliance. The facility has one furnace and one water heater located in an enclosed heat plant room. It is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnace was inspected and approved on May 15, 2024 by Ketchum Heating and Cooling, LLC.

There are three exits from the home, none of which are wheelchair accessible. The first exit is from the front of the home through the dining room and entryway of the home. The second exit is a sliding glass door off the dining room and onto the deck at the back of the home. The third exit is from Resident Bedroom #3, a sliding glass door, that enters onto the back deck. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician. The smoke detectors have been installed near sleeping areas and near all flame-or heat producing equipment. The electrical system and interconnected smoke detectors were inspected and approved by C. Jackso Electric and Automation on May 3, 2024.

The applicant has agreed to practice and document evacuations from the approved emergency exits once each during daytime, evening and sleeping hours, every three-month period. All responsible persons and employees are to be trained in these fire drills. The time it takes to evacuate, from the point of activating the smoke detector to when all residents are at the meeting place, will be documented at those times.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	11'6" X 11'4"	130 square feet	2
Bedroom 2	11'6" X 11'8"	136 square feet	2
Bedroom 3	13' X 10'	130 square feet	2
Living Area	23' X 14	322 square feet	
Kitchen/Dining Room	15' X 12	180 square feet	

The indoor living and dining areas measure a total of 502 square foot of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

The facility will provide 24-hour supervision, protection, and personal care for six (6) residents who have been diagnosed as developmentally disabled or mentally ill, who are aged and/or those with minor physical handicaps who are in need of adult foster care. The facility is not wheelchair accessible and will not be able to provide care to

those with physical handicaps who require the use of a wheelchair. The program will include the opportunity to socialize with one another through conversation and group activities, walks, reading, watching television, and community outings. The licensee also plans to assist residents in participating in any local day programs or adult educational programs available in the community that are of interest to the resident. Ms. Hatt also plans to incorporate the residents' personal interests into everyday activities at the facility and will encourage family and friends to visit often and engage with their loved ones. The applicant intends to accept referrals from Community Mental Health (CMH).

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 the applicant to utilize local community resources for recreational activities to include daily outings to go shopping, to the library, local parks concerts at the casino or other attractions of interest. These resources provide an environment to enhance the quality of life of the residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant, Raven Hatt, and responsible person, Charity Quick, were completed. They were 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.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicant 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 6 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.

The applicant 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.

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

The applicant acknowledged an understanding of the responsibility to assess the good moral character of 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) and the related documents required to demonstrate compliance.

The applicant acknowledged 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 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 admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual/as needed basis.

The applicant 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.

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

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

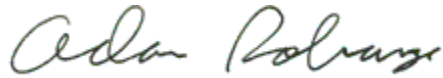
The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day written discharge notice.

D. Rule/Statutory Violations

The applicant was in substantial compliance at the time of the home inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 6).



06/13/2024

Adam Robarge
Licensing Consultant

Date

Approved By:



06/13/2024

Jerry Hendrick
Area Manager

Date