



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 7, 2024

Sharon Massey
67223 M 43
South Haven, MI 49090

RE: Application #: AF800417740
Annie's AFC
67223 M 43
South Haven, MI 49090

Dear Ms. Massey:

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 5 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,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF800417740

Applicant Name: Sharon Massey

Applicant Address: 67223 M 43
South Haven, MI 49090

Applicant Telephone #: (269) 767-1948

Administrator: Sharon Massey

Name of Facility: Annie's AFC

Facility Address: 67223 M 43
South Haven, MI 49090

Facility Telephone #: (269) 767-1948
08/23/2023

Application Date:

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

08/23/2023	Enrollment
09/01/2023	PSOR on Address Completed
09/01/2023	Application Incomplete Letter Sent 1326/RI030/FPs, AFC 100
10/11/2023	Contact - Document Received 1326/ri030, afc 100
12/19/2023	Application Incomplete Letter Sent Emailed to applicant.
04/02/2024	Inspection Completed On-site
04/16/2024	Contact - Document Received Dog licenses and rabies verification and training verification.
04/18/2024	Contact - Document Received Training Verification
05/14/2024	Inspection Report Requested - Health Inv# 1034422
05/28/2024	Contact - Document Received Medical clearance, house guidelines, evacuation plan, floor plan, TB screening, and tax statement for home.
05/29/2024	Inspection Completed-BCAL Full Compliance
05/29/2024	Contact - Document Received Proof of income and ownership of home.
06/03/2024	Contact - Document Received Program Statement and proof of experience.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a multi-level house with a basement located in South Haven, MI. The home contains three resident bedrooms, one bedroom occupied by the applicant, two and a half resident bathrooms, one full bathroom for the applicant, two living areas, a dining room, kitchen, utility room, locked medication room, and basement. The applicant

submitted proof of ownership of the home along with verification of income to support they are able to financially maintain the home.

The home was inspected and is in substantial compliance with rules pertaining to environmental health. The home received an Environmental Health Inspection for private water and sewer on 5/16/24 and received an A-Rating. The home is in substantial compliance with rules pertaining to fire safety. The home has an interconnected smoke detection system, gas furnace, and water heater.

Resident bedrooms were measured during an onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 10'8"	127.92	2
2	10'11' x 10'11"	119.2	2
3	13'5" x 13'	174.46	1

The two living areas in the home are 611 square feet total which exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it has been determined that the home can accommodate five (5) residents. It is the licensee's responsibility to not exceed the home's licensed capacity.

B. Program Description

The home intends to provide supervision, protection, and personal care to individuals in the elderly and special needs populations that are 55 years or older. The home follows person-centered planning designed to meet each resident's individual needs. The home follows person-centered planning designed for each resident's individual needs. The program aims to assist each resident achieve their personal goals that are important to them and to ensure residents live a fulfilling, joyful, and healthy lifestyle in a safe environment, and within their physical limits as directed by their primary physician.

The home will offer three balanced meals and two snacks daily, adjusted according to each residents recommended dietary needs. The home will provide assistance with ADL's, medication administration, housekeeping/laundry, and community activities.

If required, behavioral intervention and crisis intervention will be developed with regard to the resident's primary care physicians' recommendations tailored specifically for the resident and then identified in the resident's assessment plan. These programs shall be implemented only by trained staff, and only with prior approval of the resident, guardian, or responsible person, agreed upon in the resident's personal care agreement.

The home will provide transportation to medical appointments according to the resident's care agreement. Emergency transportation is always available by contacting 911.

C. Rule/Statutory Violations

The applicant, Sharon Massey, has experience working with elderly and special needs individuals since 2000. Ms. Massey's mother owned and operated a licensed adult foster care home where Ms. Massey provided direct care to residents in the home and learned how to operate a successful AFC home. Ms. Massey has performed duties such as housekeeping, laundry, food preparation, and providing supervision to residents. Ms. Massey has received many trainings over the years which included CPR, First Aid, food preparation, medication administration, incontinence care, working with immobile individuals, and behavioral intervention.

On file are the applicant's medical, TB screening, and criminal record clearance. The applicant provided proof of income and has sufficient financial resources to provide for the residents as evidenced by the projected income from caring for AFC residents along with their savings.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (5) residents will be the responsibility of the family home applicant, 24 hours a day/7 days per week. A responsible person shall be on call to provide supervision when relief is needed.

The applicant has indicated that for the original license of this 4-bed family home, there is adequate supervision with one responsible person on-site for 6 residents. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or direct access to residents or their information or both.

The applicant acknowledges an understanding of 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 their responsibility to establish a good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents, that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s), and volunteer(s).

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 their responsibility to obtain the required written assessment plan, resident care agreement, and health 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 their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of 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 of 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 each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their 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 their 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

discharge criteria and procedural requirements for issuing a 30-day written discharge notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-5).

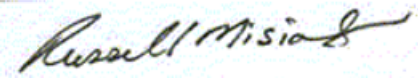


6/6/24

Kristy Duda
Licensing Consultant

Date

Approved By:



6/7/24

Russell B. Misiak
Area Manager

Date