

November 4, 2025

Erin Vining
None
7363 Edgar Road
LAKEVIEW, MI 48850

RE: Application #: AF590419108
Fern Hill
None
7363 Edgar Road
Lakeview, MI 48850

Dear Ms. Vining:

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 3 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) 335-5985.

Sincerely,



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

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

I. IDENTIFYING INFORMATION

License #:	AF590419108
Licensee Name:	Erin Vining
Licensee Address:	Erin Vining 7363 Edgar Road LAKEVIEW, MI 48850
Licensee Telephone #:	(989) 287-4723
Administrator/Licensee Designee:	N/A
Name of Facility:	Fern Hill
Facility Address:	7363 Edgar Road Lakeview, MI 48850
Facility Telephone #:	(989) 287-4723
Application Date:	01/07/2025
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/07/2025	On-Line Enrollment
01/08/2025	PSOR on Address Completed- Inv 1034850
01/08/2025	Inspection Report Requested - Health
01/08/2025	Contact - Document Sent- forms sent
06/09/2025	Contact - Document Sent- 2nd request sent
07/15/2025	Contact - Document Sent- sent 10 day letter
07/31/2025	Contact - Document Received
07/31/2025	File Transferred To Field Office
08/04/2025	Application Incomplete Letter Sent
08/26/2025	Email contact with Erin Vining
09/15/2025	Documents received
09/22/2025	Documents received
10/01/2025	Documents received
10/20/2025	Email contact with Erin Vining
10/22/2025	Email contact with Erin Vining
10/28/2025	Application Complete/On-site Needed
10/29/2025	Inspection Completed On-site
10/29/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Fern Hill AFC is a two-story home that was built on a cement slab. The home is in the rural county of Lakeview and is surrounded by 30 acres that the licensee owns. Upon entering the home is a large living room that has seating for over six individuals, a TV and many windows that offer natural light. Next to the main entrance are stairs that lead to the second level. The second level is not for resident use and is occupied by the licensee and her minor son. The second level has four non-resident bedrooms and a full bathroom. On the main level of the home, off from the family living room, is a sunroom that offers seating for at least four individuals and a TV. Off from the sunroom is a door that leads to the backyard. The living room and sunroom are open to the dining room

and kitchen. The dining room has a table that seats six. A small hallway is located off from the kitchen and to the right is a full bathroom for resident use. At the end of the hallway are two resident bedrooms and an office. The home has a private well and septic system. On 6/19/2025, the Mid- Michigan Health Department completed an inspection and determined that Fern Hill is in substantial compliance with applicable rules. Fern Hill is not wheelchair accessible and cannot admit residents who require the regular use of a wheelchair.

Fern Hill AFC is heated through a pellet stove, which is located within the main living room. The pellet stove was observed to be fixed and in a permanent manner. The pellet stove is in accordance with a manufacturer's instructions and is maintained in a safe condition. A safety barrier has been placed in front of the stove to prevent residents from touching the front of the stove, which can be hot. Documentation of an inspection was provided from 2/12/25 and no safety concerns were noted in the documentation. The pellet stove is vented to an outside wall and provides heat to the entire home. The family home has a tankless gas water heater located in an fully enclosed room off from the main floor hallway. The enclosed room is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. Documentation was received from 8/26/2025, stating that Lyons contracting systems replaced the smoke detectors with hard wired, interconnected smoke detectors. Smoke detectors were located on each level and between the bedrooms. Fire extinguishers were observed on each level of the home.

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

Bedroom #	Room Dimensions	Total square footage	Total resident beds
1	11'6" X 14'6'	167	2 twin beds
2	7'4" X 11'4"	94	1 twin bed

The living, dining, and sitting room areas measure a total of 864 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 three(3) 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 three (3) ambulatory residents, whose diagnosis is aged, developmentally disabled, mentally ill and traumatically brain injured. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from North Country Community Mental Health as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Rule/Statutory Violations Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for applicant Erin Vining. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant have 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.

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 three residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Applicant Erin Vining has indicated that for the original license of this 3 bed family home, there is adequate supervision with 1 responsible person on-site for 3 residents. The applicant acknowledges that the number of responsible persons on-site, 1 to 3 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 qualification and suitability 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 Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance. The applicant acknowledges their responsibility to 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 or volunteer working directly with residents. The applicant

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

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 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 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 their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all 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 in order 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 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 that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a maximum capacity of three (3) residents.

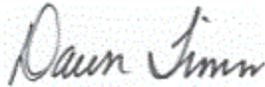


11/04/2025

Amanda Blasius
Licensing Consultant

Date

Approved By:



11/04/2025

Dawn N. Timm
Area Manager

Date