REVISED 11/10/03
APPENDIX 100
ATTACHMENT A
ADULT FOSTER CARE

Facility Name_____
License Number:_____
Effective Date of License:_____

ORIGINAL ISSUANCE
This packet is not to be purged until 3 YEARS AFTER LICENSE CLOSURE.

_____**BRS-569 Application**

_____**BRS-3442 Supplemental Application** (if applicable)

_____**Fee Transmittal**

_____**LSR Transmittal Letter**

_____ **Licensing Study Report (LSR)**

_____**Fire Safety Inspection Reports** (7+)

_____**Approval of Smoke detection system (1-6)** (if applicable)

_____**Environmental Health Inspection Reports** (if applicable)

_____**Special Use Permit** (7+ beds)

_____ **Addendum to the Compliance Report** (BFS 1893 if applicable)

_____**Corrective Action Statements or Plans** (if applicable)

_____ **Special Program Certification Application** (if applicable)

_____**Special Program Certification Letter (DD or MI)** (if applicable)

_____**Confirming Letters**

_____**Misc. Correspondence**

_____**Miscellaneous Inspection/Approval Documents**

_____**Addendum to Original LSR (if modifications) and Supporting Documents**

VOLUNTARY CLOSURES(Closure Date:_____)

_____**Closure Request Letter**

_____**Closure Confirming Letter**

_____**License (if returned)**

VOLUNTARY WITHDRAWAL(Closure Date:_____)

_____**Application Withdrawal Request Letter**

_____**Application Withdrawal Confirming Letter**

Facility Name_____

Renee Kelly
cell # 269 579 4170

Fax

ORIGINAL LICENSE

_____Inquiry Form

_____Application

_____Supplemental Application

_____Fee Transmittal

_____Fire Safety Inspections

_____Environmental Health Inspections

_____Federal Fair Housing Form

_____Excessive Concentration (if applicable)

_____Special Use Permit (7+ beds)

_____Zoning Notice DSS-1558 (if applicable)

_____Confirming Letters

_____Corrective Action Plan

_____Addendum

_____Compliance Determination Report

_____DSS-3193 and Bar Code

_____Transmittal Intent Letter

_____Licensing Study Report

_____Worksheet - AFC:F10

_____Field Worksheets (optional)

_____Good Moral Character Statements (prior to revision of DSS-569, 2/95)

_____Varga Statement (prior to revision of DSS-569, 2/95)

_____Related Correspondence

Licensees Must Have Available for Review

_____Lease/Proof of Ownership

_____Licensee Qualifications (Group Home)

Additional Items:

FIRE SAFETY INSPECTION/CERTIFICATION REPORT 4-00-1706-94

FACILITY NAME			DATE	COUNTY	FM# [X] OPEN [ ] CLOSED
THE COUNTRY PLACE			5-16-95	CALHOUN	
ADDRESS			FACILITY TYPE	RULES/CODES	JOB/LIC/FAC. NO.
4171 S.W. CAPITAL			AFC (7 - 12)	PARTS 1 & 2	AM130065138
CITY	STATE	ZIP	FACILITY REP.		INSP. TYPE
BATTLE CREEK	MICH	49015	ROBERT CRETSINGER		PRELIMINARY

RULE#	DESCRIPTION OF NON-COMPLIANCE

4-00-1706-94
NEW FIRE ALARM / FIRE DETECTION SYSTEM

216 Provide smoke detection for the front sun room.
(Note: Owner is also adding 2 additional smoke detectors in 2 hallways of main floor)

110 Provide this office with signed documentation of the smoke detection system installation (form FM-12A), from the certified firm.

107 Provide this office with a ***final electrical certificate of approval*** from an authorized electrical inspecting authority covering the electrical installation for this project.

KAL. CO. FIRE
MAY 18 1995
MAILROOM

FIRE SAFETY CERTIFICATION
[ ] FULL APPROVAL [ ] TEMP. APPROVAL UNTIL [X] DISAPPROVAL

DISTRIBUTION	INSPECTING OFFICIAL	ADDRESS		TELEPHONE
HQ	D/SGT. TOM ZELLMAN	301 E. LOUIS GLICK		(517) 780-7492
STR	SIGNATURE OF OFFICIAL	CITY	ZIP	REVIEW BY
		JACKSON	49201	

FIRE SAFETY INSPECTION/CERTIFICATION REPORT 4-00-0355-95

FACILITY NAME			DATE	COUNTY	FM#	
THE COUNTRY PLACE			5-16-95	CALHOUN	[ ]	OPEN [ ] CLOSED
ADDRESS			**FACILITY TYPE**	**RULES/CODES**	**JOB/LIC/FAC. NO.**	
4171 S.W. CAPITAL			AFC (7 - 12)	PARTS 1 & 2	AM130065138	
CITY	**STATE**	**ZIP**	**FACILITY REP.**		**INSP. TYPE**	
BATTLE CREEK	MICH	49015	ROBERT CRETSINGER		PRELIMINARY	

RULE# **DESCRIPTION OF NON-COMPLIANCE**

4-00-0355-95
CHANGE OF OWNERSHIP / LICENSEE IS INCORPORATING

202 Provide a labeled one hour fire rated door & fire rated frame for the stairway from the 1st floor to the basement private quarter area, **OR** the private quarter area must meet the interior finish requirements for the facility.

219
23-2.5.2.4 Provide a **current certificate of boiler inspection** from the Boiler Division, Michigan Department of Labor.

224 Exits shall be marked by an approved sign readily visible from any direction of exit access. Required exit signs also shall be illuminated by a reliable light source.

218 Bedroom doors must be minimum 1 3/4 inch solid wood core doors, or equivalent. (labeled 20 minute fire rated door also acceptable)

216
217 Provide interconnected hardwire smoke detection for the front sun room and the 2 hallways of main floor. (This is required in order to be exempted from the automatic sprinkler system requirement (see exception # 3 rule 217).

KAL-CO. FD.
MAY 18 1995
MAILED

FIRE SAFETY CERTIFICATION
[ ] FULL APPROVAL [ ] TEMP. APPROVAL UNTIL [X] DISAPPROVAL

DISTRIBUTION	INSPECTING OFFICIAL	ADDRESS		TELEPHONE
FMHQ DSS ADMNSTR	D/SGT. TOM ZELLMAN	301 E. LOUIS GLICK		(517) 780-7492
	SIGNATURE OF OFFICIAL	CITY	ZIP	REVIEW BY
	Tom Zellman	JACKSON	49201	

FM-40(Rev 3-92)
Michigan Department of State Police
Fire Marshal Division

FIRE SAFETY INSPECTION/CERTIFICATION REPORT

FACILITY NAME			DATE	COUNTY	FM# [ ] OPEN [ ] CLOSED
THE COUNTRY PLACE			5-16-95	CALHOUN	
ADDRESS			FACILITY TYPE	RULES/CODES	JOB/LIC/FAC. NO.
4171 S.W. CAPITAL			AFC (7 - 12)	PART 4	AM130065138
CITY	STATE	ZIP	FACILITY REP.		INSP. TYPE
BATTLE CREEK	MICH	49015	ROBERT CRETSINGER		ANNUAL

RULE#	DESCRIPTION OF NON-COMPLIANCE
414	Provide a labeled one hour fire rated door & fire rated frame for the stairway from the lst floor to the basement private quarter area.
420 23-2.5.2.4	Provide a **current certificate of boiler inspection** from the Boiler Division, Michigan Department of Labor.

KAL. CO. DSS.
MAY 18 1995
MAILROOM

FIRE SAFETY CERTIFICATION

[ ] FULL APPROVAL [XX] TEMP. APPROVAL UNTIL NEXT ANNUAL [ ] DISAPPROVAL

DISTRIBUTION	INSPECTING OFFICIAL	ADDRESS		TELEPHONE
FMHQ DSS ADMNSTR	D/SGT. TOM ZELLMAN	301 E. LOUIS GLICK		(517) 780-7492
	SIGNATURE OF OFFICIAL	CITY	ZIP	REVIEW BY
	Thomas Zellman	JACKSON	49201	

DIVISIONS OF:
Adult Foster Care Licensing
Child Day Care Licensing
Child Welfare Licensing

STATE OF MICHIGAN

BUREAU OF REGULATORY SERVICES
MICHIGAN DEPARTMENT OF SOCIAL SERVICES
322 STOCKBRIDGE
KALAMAZOO MI 49001

JOHN ENGLER, Governor
DEPARTMENT OF SOCIAL SERVICES
GERALD H. MILLER, Director

December 8, 1995

Robert and Nita Cretsinger
11548 Lynch Rd.
Battle Creek MI 49017

Re: The Country Place
License #AM130065138

Dear Mr. and Mrs. Cretsinger:

Enclosed is the Licensing Study report for The Country Place.

Based upon compliance with the Administrative Rules and the Adult Foster Care Licensing Act, a Temporary License will be issued. The terms of your License will enable you to provide a General Program for 12 adults. The effective dates of the License are 12/8/95 through 6/7/96.

Please review all of the enclosed documents carefully.

As required by Act 218 (1979), Section 9(2), the Department provides Technical Assistance to assist Homes and Facilities in meeting the requirements of the Licensing Act and the Administrative Rules. The Department also provides consultation, upon written request, to assist Homes and Facilities to improve services to Adults.

If you have further questions, please feel free to contact me at 322 Stockbridge Avenue, Kalamazoo, Michigan 49001, or by phone at 616-337-5059.

Yours truly,

Richard A. James, Consultant
AFC LICENSING DIVISION

Paul Cartwright, Area Manager
AFC LICENSING DIVISION

Attachment

cc: Central files
Local files
Calhoun County DSS

RECYCLED PAPER

LICENSING STUDY REPORT

I. LICENSING DATA

Facility Name:	The Country Place
Facility Address:	4171 Capital Avenue, S.W. Battle Creek, MI 49017
Facility Telephone:	(616)979-9187
Facility License Number:	AM130065138
Licensee Name:	Cretsinger Care Homes Ltd.
Licensee Address:	11548 Lynch Road, Battle Creek, MI 49017
Program Designation:	Aged Males and Females
Population Served:	012
Purpose of Study:	New license due to incorporation
Dates of On-site Evaluation:	04/12/95
Licensing Recommendation:	Temporary license, six months, twelve adults

II. GENERAL INFORMATION

Mr. and Mrs. Cretsinger have incorporated their operations under the name of Cretsinger Care Homes, Ltd. They have requested that this facility be licensed to the corporation. The facility has not been changed in any other manner. The facility is owned by the corporation.

III. SUMMARY OF FINDINGS

The following is a report of findings of the pre-licensing evaluation. The evaluation is based on P.A. 218 of 1979, as amended, and the Administrative rules governing the operation of Family Adult Foster Care Homes.

The evaluation consisted of:

Review of all application documents and related materials. On-site evaluations were made by Licensing Consultant Richard A. James made on 04/12/95.

A. Quality of Care

Required policies have been written and are operational. Employee and resident records are complete and current. Residents were seen to be well adapted, clean, and appeared to be content in their placement. Medication records were complete and understandable.

The facility was found to be in substantial compliance with Administrative rules relating to Quality of Care.

B. Physical Plant/Environmental Health/Fire Safety

The facility was found to be clean and well maintained. Environmental Health approval was given by the Calhoun County Health Department on 03/20/95.

Fire Safety

Final approval for all requirements for Fire Safety under requirements for new licensees was rendered by Sgt. Zellman of the State Fire Marshal's office was rendered on 11/30/95.

CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions:

From this study, it is concluded that this facility is in substantial compliance with Administrative Rules governing the operation of Small Group Adult Foster Care Homes.

B. Recommendations:

It is recommended therefore, that a temporary license be issued to the applicant, the terms of which, shall be for six months, for elderly adults, twelve adults.

The applicant will be eligible to apply for a regular license after a period of six months from the effective date of the Temporary Adult Foster Care temporary license.

12/8/95
Date

Richard A. James, AFC Licensing Consultant

Submitted: 12/08/95
Typed: 12/08/95

RJ/kg

cc: Central Files
Local Files
Calhoun County DSS

Facility Name: THE COUNTRY PLACE
Date: 4/12/95

PHYSICAL PLANT CHECKLIST - GROUP HOME

		Yes	No	Comments
KITCHEN:				
401(4)	Trash Containers (leak proof; tight)	✓		
401(5)	Evidence of Rats, Insects		✓	
401(6)	Storage of Caustics/Poisons away from food	✓		
401(8)	Handwashing Facilities	✓		
402	Food Service:			
(1)	Food Quality	✓		
(2)	Food Storage	✓		
(3)	Refrigerator/Freezers Thermometers below 40°; Hot foods above 140°	✓		
(4)(5)	Equipment/Utensils; Cleaning of and type	✓		
(6)	Filters Cleaned	✓		
403(7)	Floor Covering	✓		
BATHS:				
401(6)	Caustics		✓	
401(8)	Handwashing	✓		
403(7)	Floor Covering Easily Cleanable	✓		
403(11)	Handrails	✓		
	Tub Strips	✓		
407(1)	Ventilation	✓		
407(3)	Doors	✓		
407(4)	One full bath available per 8 residents	✓		
411(3)	Clean towels/wash cloths	✓		
EXTERIOR:				
403(1) (3)	Maintenance of Yard Area	✓		New fence in front
403(4)	Exterior Walls, Roof, Doors/Windows (chimneys, eaves, screens, paint/siding)			
STAIRS - EXTERIOR/INTERIOR & EXITS:				
403(8)	Handrails 30" to 34"	N/A		
	Porches & Decks - 8"+ Above Grade	✓		
	(Handrails on open sides)	✓		
403(9)	Stairs Uniform in Size and Rise	✓		
403(12)	Sidewalks, Entrances, Fire Escape Rts Clear	✓		
507(5)	30" Doorways	✓		
507(6)	Hardware/Locks Nonlocking Against Egress	✓		
509(1)(2)(3)	Ramps (SG 1-6)			
	Accommodating Wheelchairs	✓		
	Passageway, 32"	✓		
LIVING AREAS (Resident Access, Adequacy)				
403	Maintenance of Premises:			
(1)	Provide for Health, Safety, Well-Being	✓		
(2)	Clean and Orderly	✓		
(3)	Well Lighted & Ventilated	✓		
(5)	Finishes Easily Cleanable	✓		
403(14)/510(4)	Steam Radiators Shielded	N/A		

		Yes	No	Comments
405(1)	35 Sq. Ft. Living Space per Occupant (Doesn't Apply to Original Owner Licensed Before 5/24/94)	✓		
405(3)	Resident with Impaired Mobility	✓		
405(4)	No Residents Above 2nd Floor (After 5/23/94) See (5) for Exceptions			one floor only
405(7) (8)	Dining Space to Accommodate All Residents	✓		

BEDROOMS				
309(7)	3 Feet of Clearance Between Beds	✓		
401(9)	Cleaned and Sanitized at Discharge	✓		
405(2)	Reasonable Storage	✓		
408(4)	Sidehinged Door, Nonlocking Against Egress	✓		
408(7)	Windows Openable	✓		
408(8)	Residents Same Sex, or Married	✓		
408(9)/405(3)	Impaired Mobility on Street Floor	✓		
409(4)	Maximum of Two Beds in Room (After 5/24/94)	—		
410(1)(a)	Closet or Wardrobe	✓		
(1)(b)	Lighting	✓		
(1)(c)	Bureau	✓		
(1)(d)	Chair	✓		
410(2)	Mirror	✓		
411(1)	Beds (2 Sheets, Pillowcase, Blanket, Spread & Clean	✓		
411(2)	Pillow	✓		

BEDROOMS - Before 5/24/94 - 3 or 4 Beds in Room				
409(5)	Maximum of 4 Beds, Present Owner	✓		
409(6)	Maximum of 4 Beds, New Owner			
409(6)(a)	Resident Agrees in Writing	—		
409(6)(c)	70 Sq. Ft. of Space per Bed	✓		
409(6)(d)	Individual Privacy Assured	✓		

MISCELLANEOUS				
319(a)	Car in Good Operating Condition	✓		
319(b)	First Aid Kit in Car	✓		
401(2)	Water Temperature 105-120° F.	✓		
401(1)(3)	Water-Septic (Test Needed)	✓		Recent Dept
401(7)	Screens (April - November)			
402(2)	Food Storage (non-kitchen)	✓		
403(6)	Plumbing & Pressure Release Valve	✓		
403(10)	Throw Rugs		✓	
406	Room Temperature (68-72 Degrees)	✓		
510(2)(3)	Dryer Vented	✓		
511(4)	Combustible Storage		✓	
512	Wiring & Extension Cords		✓	

Name of Facility: The Carriage Place
Date of Onsite Visit: 4/12/95

LICENSEE/ADMINISTRATOR
COMPETENCY CHECKLIST

	NAME				
	W. Cartwright	R Cartwright			
R201(6) HIGH SCHOOL DIPLOMA OR GED (Post 5/24/94 Licensee + Administrator)	✓	✓			
R202(1) 1-YEAR EXPERIENCE W/POPULATION (Post 5/24/94 Administrator)	✓	✓			
R201(3) COMPETENCY REQUIREMENT (Licensee + Administrator)					
Nutrition	✓	✓			
FA	✓	✓			
CPR	✓	✓			
Adult Foster Care	✓	✓			
Safety & Fire Prevention	✓	✓			
Financial & Adm. Mgmt.	✓	✓			
Knowledge of Pop. Needs (Education or 1 Yr. Exp.)	✓	✓			
Resident Rights	✓	✓			
Prevention & Containment/Communicable Diseases	✓	✓			
Behavior Management/If Applicable (R307(3))	Scheduled				
R201(4) ONE OR MORE OF THE FOLLOWING: (Applicant + Administrator)					
Training by or Approved by the Department					
Competency Review(Not Developed)					
Program of Study Relevant Areas					
Experience w. Population					
FOR LICENSEE (And Administrator With More Than One Year's Experience)					
R203 16 Hours of Training Annually					
OR 6 Credit Hours					

ADULT FOSTER CARE LICENSING-EMPLOYEE RECORD CHECKLIST

Name of Facility: The Country Place License #: _____

Date Inspection: 4/12/95 X ORIGINAL ~~RENEWAL~~ RENEWAL

Employee/Adm. Record Rule 208(1) Name:				
Date Hired:				
Address, Phone No., SS No.	C. Fletcher	A. Branch		
Professional Cert. (if app.)	N/A	N/A		
Copy Driver's License (if transporting residents)	✓	N/A		
Verification of Age	✓	—		
Verification of Experience	✓	✓		
Verification of Education	✓	✓		
Verification - Receipt of Personnel Policy/Job Descrip	✓	✓		
Two Reference Checks	✓	✓		
Initial Physical (& R205(3) Within 30 days of Hire	✓	✓		
Annual Medical Review (& R205(6)		N/A		
Verification of Good Moral Character	✓			
TB-(Before Hire/and every 3 years R205(5)	✓	✓		
R 204(3) DIRECT CARE STAFF Verification of Training Rule 204(3)	✓	✓		
Reporting Requirements	✓			
First Aid				
CPR	✓	for 4/18/95		
Personal Care/Sup/Protection	✓			
Resident Rights	✓	✓		
Fire Safety Prevention	✓			
Prevention & Containment Communicable Diseases	✓	✓		
Medication Administration, if Applicable - 312(4)(A)	✓			
Behavior Management, if Applicable - 307(3)	N/A	N/A		
Crisis Intervention, if Applicable - 309(8)	N/A	N/A		
Food Preparation Staff(for 7 or More) (&R201(14))	✓			
Volunteer - Phsycial/ Mental Health (& R205(7)	—	—		
Volunteer - TB Testing - 205(7)	—	—		

RESIDENT RECORDS
for 10

Facility: The Country Place Date: 4/12/95
Capacity: 012 Census: ~~012~~ 011 License #:

Resident Name	D. Allison	D. Doty	R. Creasinger	V. Cole						
Admission Date										
Resident ID Form Rule 316 (1a)(b)(c)	✓	✓	✓	✓						
Resident Care Agreement Rule 316 (1e)	✓	✓	✓	✓						
Health Care Appraisal Rule 301 (10) & Instructions Rule 316 (1d)	✓	✓	✓	✓						
Medication Record Rule 312(4b)	✓	✓	✓	✓						
Monthly Weight Record Rule 310 (3)	✓	✓		✓						
Assessment/Service Plan Rule 301(2)(4)	✓	✓	✓	✓						
Funds & Valuables Part I - Rule 315	✓	✓	✓	✓						
Funds & Valuables Part II - Rule 315	N/A	N/A	N/A	N/A						
Incident/Accident Reports, If Applicable Rule 316 (1h)	✓	N/A		✓						
Grievances/Complaints If Applicable Rule 316(1j)	✓	✓	✓	✓						
Day Program										
Guardian/Relative										

CRETSINGER CARE HOMES, LTD.

BOB AND NITA CRETSINGER
(616) 763-3702

The Country Place
4171 S.W. Capital Ave.
(616) 979-9187

Cretsinger Fremont
54 Fremont Street
(616) 964-5706

Pennfield Place
166 Maplehurst Blvd.
(616) 962-3067

TRANSPORTATION

Cretsinger Care Homes, Ltd. owns a 1982 15-passenger Dodge Maxi-van that is available 24-hours a day to provide transportation for resident appointments.

A 1988 Dodge Van with a wheelchair lift and tie-downs is available 24 hours a day to transport residents in wheelchairs.

Yellow Cab Co. of Battle Creek provides transportation under contract with Cretsinger Care Homes, Ltd. as necessary also.

Facility Name: THE COUNTRY PLACE
Date: 4/12/95

FACILITY RECORDS REVIEW
RENEWAL

R209(1):

- ✓ (a) Admission Policy - Posted [103(4)]
- ✓ (b) Program Statement
- ✓ (c) Discharge Policy
- ✓ (e) Resident Register
- N/A (f) Resident Care Contracts (if Applicable)
- (i) Personnel Policies & Procedures
- N/A (j) Program Certifications (if Applicable)
- (k) Fire Drill Records
- ✓ (l) Emergency Preparedness Plans/Evacuation Plans
- (m) Reports of Fire or Severe Property Damage
- N/A (n) Records of Variances Granted
- N/A (o) Heating Equipment Inspection & Approval Records (if Applicable)
- N/A (p) Fire Detection & Sprinkler Inspection Approval Records (if Applicable)
- ✓ (r) Fire Safety Reports
- ✓ (s) Environmental Inspection Reports
- (t) Menus [313(6)] - Kept for One Year

✓ R209(2) Record of Arrangements for emergency repairs including list of persons to contact.

N/A ✓ R103(1)(g) MI Annual Report for Corporations

R206(5) Designated Person

✓ R208(3) Staff Schedule - Kept 90 Days

N/A R201(13) Notice Regarding Nonresidents on Probation, Parole, or Felony Conviction

✓ R103(4) License Posted

N/A R103(5) Notice Received (Changes):

1) Information previously submitted
2) The household
3) Personal Related Information