



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

October 11, 2004

Ms. Kathy Martin  
12150 Coral Road  
Coral, MI 49322

RE: Application #: AF590268878  
Kathy's Countryside AFC Home  
12150 Coral Road  
Coral, MI 49322

Dear Ms. Martin:

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 effective 10/15/04.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2488.

Sincerely,

James Zalba, Licensing Consultant  
Office of Children and Adult Licensing  
(517) 373-8805  
FAX: 517-335-6121

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AF590268878  |
| <b>Applicant Name:</b>                  | Kathy Martin   |
| <b>Applicant Address:</b>               | 12150 Coral Road<br>Coral, MI 49322  |
| <b>Applicant Telephone #:</b>           | (231) 354-6452   |
| <b>Administrator/Licensee Designee:</b> | N/A  |
| <b>Name of Facility:</b>                | Kathy's Countryside AFC Home   |
| <b>Facility Address:</b>                | 12150 Coral Road<br>Coral, MI 49322  |
| <b>Facility Telephone #:</b>            | (231) 354-6452   |
| <b>Application Date:</b>                | 07/21/2004   |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | MENTALLY ILL<br>DEVELOPMENTALLY DISABLED<br>AGED<br>ALZHEIMERS<br>PHYSICALLY HANDICAPPED |

## **II. METHODOLOGY**

|            |  |
|------------|--|
| 07/21/2004 | Enrollment                               |
| 07/30/2004 | Inspection Report Requested - Health     |
| 08/19/2004 | Inspection Completed On-site             |
| 08/19/2004 | Inspection Completed-BFS Sub. Compliance |
| 08/23/2004 | Inspection Completed-Env. Health : A     |
| 10/11/2004 | Inspection Completed-BFS Full Compliance |

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This facility is a wood-structure farmhouse that sits in a rural area of Maple Valley Township in Montcalm County. The facility is currently licensed as the Wilcox AFC Home. The building consists of the following rooms:

1. A kitchen,
2. A laundry room,
3. A full bathroom between the residents' bedrooms,
4. A master bedroom and bathroom, used by the applicant,
5. A dining room (measuring 114 square feet),
6. A sitting room with a television (measuring 91 square feet),
7. A living room (measuring 225 square feet), and
8. Two bedrooms:
  - a. Bedroom #1 measured 204 square feet (3 residents), and
  - b. Bedroom #2 measured 206 square feet (3 residents).

The basement consists of a furnace and hot water heater and some additional storage space. An acceptable furnace inspection was completed on 8/23/2004 (see copy in file). An acceptable electrical inspection was completed on 9/07/2004 (see copy on file). Both of these inspections were completed by the Montcalm County Building Department.

The total living space is 430 square feet, which is more than adequate for eight (8) occupants.

No township zoning approval is needed for this type of facility.

The Mid-Michigan District Health Department completed an environmental health inspection on 8/23/2004. The inspection produced an "A" rating, which determined that the facility was in substantial compliance with all applicable rules of sanitation. The facility has its own well and sewage systems.

This consultant inspected the facility on 8/19/2004 and found it to be in compliance with all applicable rules and regulations under the Adult Foster Care Licensing Act.

The facility is being purchased by the applicant from the present owners. The closing date is set for 10/15/2004.

## **B. Program Description**

Ms. Martin, the applicant, will continue to care for the residents, who are presently in the home, by providing necessary personal care, protection, and supervision.

Ms. Martin has received an acceptable record clearance, medical certification, and TB status report.

Mr. Jerry Martin, Ms. Martin's spouse and member of the household, has received an acceptable record clearance, medical certification, and TB status report.

## **C. Rule/Statutory Violations**

As of 8/19/2004 this facility was in substantial compliance with all applicable rules and regulations for adult foster care family homes.

## **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home effective 10/15/04, for a maximum of six (6) residents.

---

|                      |      |
|----------------------|------|
| James Zalba          | Date |
| Licensing Consultant |      |

Approved By:

---

|                   |      |
|-------------------|------|
| Kathleen S. Nixon | Date |
| Area Manager      |      |