



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

December 1, 2005

Donna Schweikert  
829 Royal Dr.  
Jackson, MI 49202

RE: Application #: AF380277578  
Schweikert AFC  
829 Royal Dr.  
Jackson, MI 49202

Dear Ms. Schweikert:

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 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) 780-7159.

Sincerely,

Chuck Wisman, Licensing Consultant  
Office of Children and Adult Licensing  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 780-7548

enclosure

cc: Adult Services, Jackson Co. D.H.S.  
LifeWays

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF380277578
<b>Applicant Name:</b>	Donna Schweikert
<b>Applicant Address:</b>	829 Royal Dr. Jackson, MI 49202
<b>Applicant Telephone #:</b>	(517) 787-6889
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Schweikert AFC
<b>Facility Address:</b>	829 Royal Dr. Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 787-6889
<b>Application Date:</b>	07/14/2005
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

This investigation included a review of the application forms and supporting documents, documentation for special certification, processed licensing record and medical clearances, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows:

07/14/2005	Enrollment
07/29/2005	Application Incomplete Letter Sent
08/09/2005	Contact - Telephone call received from applicant
08/09/2005	Contact - Document Received Verification of ownership
08/09/2005	Application Complete/On-site Needed
08/30/2005	Inspection Completed-BFS Sub. Compliance
08/30/2005	Application Incomplete Letter Sent
10/18/2005	Contact - Document Received Documents received from incomplete letter request
10/18/2005	SC-Application Received - Original
11/30/2005	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Description:

The facility is a two-story brick cape cod style home located within the city limits of Jackson. The facility has two entrances located at the front and side of the home. A ramp is installed at the front door, but the facility is unable to accept persons with impaired mobility since all resident bedrooms are currently located on the 2<sup>nd</sup> floor.

The side entrance opens to the facility dining area and living area. Off the dining area is an entrance to the facility kitchen. Off the living area is a corridor to the 1<sup>st</sup> floor full bathroom, licensee's bedroom, stairway to the basement, and the facility office. Also off the living area is the stairway to the 2<sup>nd</sup> floor resident bedrooms. A ½ bath is also located off the living room area. The front entrance of the facility opens to the facility living area. The living area contains 373 square feet of living space. The floor of the living space is hard wood. Resident bedrooms are carpeted.



Both the furnace and the fireplace were inspected in September and October 2005 by a licensed contractor and found in good working condition. A copy of the inspection reports/verification is contained in the licensing record.

Fire drills will be practiced a minimum of three times a quarter during daytime, evening and sleeping hours.

The entire facility is protected by a hard-wired and interconnected smoke alarm system. This system was last inspected by Safety Systems, Inc. in March 2005. A copy of the inspection report is contained in the licensing record.

## **B. Program Description**

### 1. Administrative structure and capability:

Licensing for this facility is based upon Public Act 218 and the administrative rules for family homes.

The household consists of the licensee, Donna Schweikert, her daughter, and her daughter's fiancé.

### 2. Qualifications and competencies:

The licensee has operated this same facility since 1980, but under a previous license (AF380002769). Prior to 1980, she was employed in an adult foster care facility operated by her mother-in-law. She has also completed all required training pursuant to special certification requirements.

Responsible persons will be trained by the licensee and LifeWays, the local community mental health agency, regarding the care requirements of the residents of the facility and mandatory training required for special certification.

Criminal background checks were conducted on the licensee and the adult members of the household via the Michigan State Police database.

### 3. Program information:

The licensee will be providing adult foster care consisting of supervision, protection and personal care to female adults who are developmentally disabled. The facility has applied for special certification for the care of persons who are developmentally disabled.

The licensee has established a contract with LifeWays, the local community mental health provider. A copy of the contract is contained in the licensing record.

Activities for the residents will consist of crafts, availability of church attendance and programs, community dances, reading materials consisting of a daily newspaper and magazines, shopping, day trips, and gardening.

Compliance with the administrative rules regarding personal care, supervision, and protection will be evaluated after residents are admitted to the home during the temporary license.

#### 4. Facility and Employee records:

The required records for an adult foster care home were reviewed with Donna Schweikert on November 30, 2005. An initial supply of forms was provided to her at that time. The licensee was recommended to establish resident record files with required forms prior to admission of residents. She was also recommended to establish a separate file or record for each responsible person.

All employee and resident records will remain in the licensed facility.

#### 5. Resident care, services, & records:

The applicants signed a statement affirming her understanding of resident rights and her intention to respect those rights with copies of the resident rights pamphlets distributed to all residents or their designated representatives. A copy of the statement is contained in the licensing record.

The rules pertaining to resident protection, assessment, behavior management, health care, nutrition, medications, hygiene, funds and valuables were reviewed with Donna Schweikert on November 30, 2005.

#### 6. Conclusions:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

