



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

February 3, 2006

Wilma Yates
5290 110th Avenue
Pullman, MI 49450

RE: Application #: AF030280347
Country Home Care
5290 110th Avenue
Pullman, MI 49450

Dear Ms. Yates:

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 4 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 (269) 337-5066.

Sincerely,

Donna Konopka, Licensing Consultant
Office of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5241

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF030280347
Applicant Name:	Yates, Wilma
Applicant Address:	5290 110th Avenue Pullman, MI 49450
Applicant Telephone #:	(269) 236-0368
Administrator/Licensee Designee:	N/A
Name of Facility:	Country Home Care
Facility Address:	5290 110th Avenue Pullman, MI 49450
Facility Telephone #:	(269) 236-0368 11/07/2005
Application Date:	
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

11/07/2005	Enrollment
11/09/2005	Inspection Completed-Env. Health : D 10-14-05 environmental inspection was done and is in file AS030278902
11/09/2005	Application Incomplete Letter Sent 1326's for Gary Yates and Francis Long.
11/09/2005	File Transferred To Field Office G.R.
12/19/2005	Inspection Completed On-site Initial on-site inspection
12/21/2005	Inspection Completed-Env. Health: A Report received 02-01-06
02/01/2006	Corrective Action Plan Approved
02/01/2006	Application Complete/On-site Needed
02/01/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Home Care is a single story house with no basement, located in a rural setting in Allegan County. The home has 2 resident bedrooms; the largest bedroom is licensed for 3 residents and the second bedroom will be a single person room. Ms. Yates and her family will occupy the 2 other bedrooms in the home. Each bedroom provides the required amount of usable floor space and measurements are on file. The home has 3 full bathrooms; one is located within the 3-person bedroom, a second near the single resident bedroom and the third is for Ms. Yates and her family. The home provides over 466 square feet of living space for the occupants.

The home has a propane gas furnace and electric hot water heater located on the first floor. A second electric heater has been installed in the 3-person bedroom.

The home has private water and septic systems. The Allegan Co Environmental Health Department Inspection Report dated 12-21-05 gave the home an "A" rating, which indicates substantial compliance with applicable environmental health safety rules.

The licensing consultant conducted the initial fire safety inspection on 12-19-05. Substantial compliance with applicable fire safety rules was verified on 2-1-06. An inspection report on the furnace, hot water heater and the electric wall unit in the resident bedroom was completed on 1-24-06 and the inspection report is on file.

B. Program Description

Country Home Care will provide personal care, supervision and protection to males and females over the age of 18 years. Ms. Yates plans to provide care to the elderly. The home is wheel chair accessible. SSI and private pay residents are accepted. The home will follow Department admission and discharge procedures. The licensee will provide local transportation. Smoking is not permitted within the home.

Wilma Yates is the licensee and she has designated Gary Yates, her husband, and Frances Long, her mother, as responsible persons. Ms. Yates will be the primary care provider. Ms. Yates will conduct criminal history checks on all employees, as prescribed by the Adult Foster Care Licensing Act. The licensing record clearance on Ms. Yates and other members of the household revealed no criminal histories.

Medical clearances on Ms. Yates and her responsible persons indicated substantial compliance with the applicable rules.

Ms. Long, Ms. Yates mother is the owner of the home, along with Washington Mutual Bank. Ms. Long has given written permission for Ms. Yates to operate an adult foster care home in the facility. Ms. Yates has indicated she is in compliance with the applicable rules regarding financial stability.

Ms. Yates was provided with all the required forms to permit compliance with the rules. The requirements for employees of adult foster care homes were reviewed with her. Resident Rights statements were provided to Ms. Yates, who will be reviewing them with each resident admitted to her home.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

Donna Konopka

2-3-06

Donna Konopka
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan
Area Manager

Date