



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

June 26, 2006

Charles and Genevieve Anderson
701 E. Corey St.
Bronson, MI 49028

RE: Application #: AF120283359
Anderson Foster Care Home
701 E. Corey Street
Bronson, MI 49028

Dear Mr. and Mrs. Anderson:

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 2 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,

Mary E Holton, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7482

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF120283359
Applicant Name:	Charles and Genevieve Anderson
Applicant Address:	701 E. Corey St. Bronson, MI 49028
Applicant Telephone #:	(517) 369-1085
Administrator/Licensee Designee:	N/A
Name of Facility:	Anderson Foster Care Home
Facility Address:	701 E. Corey Street Bronson, MI 49028
Facility Telephone #:	(517) 369-1085
Application Date:	04/12/2006
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/12/2006	Enrollment
04/24/2006	Inspection Completed On-site
04/26/2006	Inspection Completed-BFS Sub. Compliance
04/26/2006	Application Incomplete Letter Sent
04/27/2006	File Transferred To Field Office Lansing
06/16/2006	Inspection Completed-BFS Sub. Compliance
06/19/2006	Application Incomplete Letter Sent
06/26/2006	Contact – Document Received
06/26/2006	Application Complete/On-site needed
06/26/2006	Inspection Completed-Full Compliance
06/26/2006	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental

The facility is a one-story ranch located in the city of Bronson, Michigan. The home is located on a corner lot and has a two car attached garage. The home has yellow siding with green shutters. The home consists of a living room, dining area, kitchen, three bedrooms, two full bathrooms and a full basement.

The front entrance leads to the living room that measures square feet. The living room (386 square feet) connects to the dining area (133 square feet) and kitchen. There is a sliding glass door off of the kitchen that leads to a wood deck with steps to the backyard. The total square feet of living space is 519 square feet. The north hallway off of the living room leads two a full bathroom and three bedrooms. The residents' bedroom is located on the northwest side of the home and connects to a full bathroom.

The residents' bedroom measures as follows:

Bedroom #1	14 x 12.33 = 173 square feet	(2 Residents)
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The facility has a separate heat plant enclosure that is located in the basement. The basement is accessed by stairways located in the garage. The heat plant consists of one forced air furnace operating on natural gas that was inspected and approved by a licensed contractor. The home has one gas hot water heater located in the basement of the facility. A self-closing fire door separates the basement from the garage.

The home is cooled by central air conditioning.

The facility is not wheelchair accessible.

2. Sanitation

The home has city water and sewage service. Waste removal will occur on a weekly basis.

3. Fire Safety

The facility has battery-operated smoke detectors in the living area, bedrooms, and in the basement. The smoke detectors were checked during the onsite inspections and found to be in good working condition.

B. Program Description

1. Administrative structure and capability.

Mr. and Mrs. Anderson are the applicants and licensees for the facility. Mr. and Mrs. Anderson were the responsible persons for a family home license for several years. Mr. and Mrs. Anderson have assisted in providing care to residents at this address for several years.

The household consists of Mr. and Mrs. Anderson. Verification of financial capability has been submitted.

The application and supporting documentation have been reviewed and found to be in substantial compliance with the rules pertaining to the administrative structure and capabilities of the applicants.

2. Qualification and Competencies.

Mr. and Mrs. Anderson were determined by a licensed physician to be in good physical and mental condition and health for contact with or around dependent adults. Copies of their licensing medical clearances and TB tests are contained in the licensing record.

The licensee will train responsible person(s) regarding the care requirements of the residents of the facility.

3. Program Information

The applicants will be providing care to females, age 50 years and older that are developmentally disabled. The applicants may accept residents who are receiving Supplemental Security Income or who are able to pay privately.

4. Facility and Employee Records

The required records for an adult foster care home were reviewed with Mr. and Mrs. Anderson on 4/24/06 and 6/16/06. The initial required forms for a resident were present on 4/24/06 and 6/16/06. Mr. and Mrs. Anderson were recommended to establish resident record files with required forms prior to admission of residents. Responsible person records and requirement were also reviewed on 6/16/06.

All responsible person(s) and resident records will be retained at the facility.

5. Resident Care, Services and Records

On 4/24/06 and 6/16/06, the applicants indicated an understanding of resident rights and their intention to respect those rights and provide copies of the resident rights to all residents or their designated representatives.

The rules pertaining to resident protection, assessment, behavior management, health care and nutrition, medication, hygiene, fund and valuables were reviewed with the licensees on 4/24/06 and 6/16/06.

C. Conclusion

Compliance with 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 inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC family home (capacity 1-2). The terms of the license will permit the licensees to provide care for up to 2 female adults, age 50 years and older that are developmentally disabled.



6/26/06

Mary E Holton
Licensing Consultant

Date

Approved By:



6/26/06

Betsy Montgomery
Area Manager

Date