



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

October 9, 2006

Melody Beres
PO Box 531
Quinnesec, MI 49876

RE: Application #: AS520285004
Cedar Creek
6263 US 41 South
Harvey, MI 49855

Dear Ms. Beres:

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 Ms. Deborah L. Clark, Area Manager, at (906) 228-0780.

Sincerely,

Mark Muscoe, Licensing Consultant
Office of Children and Adult Licensing
234 W. Baraga Ave.
Marquette, MI 49855
(906) 228-0784

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS520285004
Applicant Name:	Melody Beres
Applicant Address:	646 Lake Ave Quinnesec, MI 49876
Applicant Telephone #:	(906) 774-9571
Administrator/Licensee Designee:	N/A
Name of Facility:	Cedar Creek AFC
Facility Address:	6263 US 41 South Harvey, MI 49855
Facility Telephone #:	(906) 249-8969 07/24/2006
Application Date:	
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/24/2006	Enrollment
07/28/2006	Application Incomplete Letter Sent. (Licensing Unit)
08/10/2006	Application Complete/On-site Needed
08/16/2006	Application Incomplete Letter Sent. (Field letter).
08/18/2006	Contact - Telephone call received – Mrs. Beres.
08/21/2006	Contact - Telephone call made/ Mrs. Beres. Contact - Telephone call made/ Mrs. Beres.
08/25/2006	Inspection Completed-Env. Health : A. Contact - Document Sent.
08/28/2006	Contact - Face to Face/ Mrs. Beres- Consult Policies and Procedures.
08/29/2006	Contact - Document Received/ Floor Plan incomplete. Contact - Document Sent.
09/25/2006	Contact - Telephone call received/ Staff 1.
09/26/2006	Contact - Telephone call received/ Staff 1.
09/27/2006	Contact - Telephone call made/ Staff 1. Inspection Completed On-site. Inspection Completed-BFS Sub. Compliance
10/02/2006	Contact - Telephone call received/ Staff 1. Contact - Telephone call made/ Staff 1. Contact – Face to Face/ Staff 1.
10/03/2006	Contact - Telephone call received/ Staff 1. Contact - Telephone call made/ Staff 1. Contact – Face to Face/ Staff 1.
10/04/2006	Contact - Telephone call received/ Staff 1. Contact - Telephone call made/ Staff 1. Contact – Face to Face/ Staff 1.
10/05/2006	Contact - Telephone call received/ Staff 1. Contact - Telephone call made/ Staff 1. Contact – Face to Face/ Staff 1.
10/06/2006	Inspection completed-BFS Substantial Compliance. Contact – Face to Face/ Staff 1 and Mrs. Beres.

10/09/2006 Contact – Face to Face/ Staff 1
Contact – Documents Received/ Electrical Inspection and
Plumbing and Heating Inspection.
Inspection completed-BFS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Ms. Beres is the owner/ operator of this adult foster care home. The home is a large ranch style home with a walkout basement. The home is located near Beaver Grove, just outside of Marquette, Michigan. The home is frame construction, built in 2000. There are three resident bedrooms, a nice resident dining area/ living room, and two resident bathrooms. The resident living space is brightly decorated, well maintained and exceptionally clean.

All medical and social work services, including case management agencies, medical, dental, psychological and psychiatric services are available in the Marquette area. A major regional hospital is located in the city. Shopping and all recreational services are available in the local community.

The resident dining/ living room is in the north portion of the home. This area measures 18'x 18'11", or 340 sq. ft. The resident dining room measures 11'6"x 9', or 104 sq. feet. Total general living space is 444 sq. ft., a spacious area for general living.

There are three resident bedrooms:

Bedroom #1: 13' x 10'4", or 139 sq. ft., adequate for/ approved for double occupancy.

Bedroom #2: 7'11"x 13', + 2'4.5" x 8' alcove, or 122 sq. ft., adequate for/ approved for single occupancy.

Bedroom #3: 11'10" x 13'7", or 160 sq. ft., adequate for/ approved for double occupancy.

The home does not have wheelchair ramps, and therefore, this home may serve ambulatory residents only. Capacity of the home is limited to five adult foster care residents.

There are two resident bathrooms. One bathroom is located on the east side of the home directly across from Resident Bedroom #1 and Bedroom #2. A second resident bathroom, with a walk-in shower, adjoins Bedroom #3. Only the residents that occupy Bedroom #3 may use this adjoining bathroom.

Mrs. Beres added a 1-hour fire containment room in the basement that houses the furnace for the protection of her residents and her live-in staff. A Weil McClain gas boiler supplies both heat and hot water for the home with a single unit. B & G Plumbing and Heating, INC., a licensed plumbing and heating contractor, inspected the heating system and certified it to be in good working order. B & G Plumbing and Heating also noted that this unit obtains all of its combustion air from the outdoors.

Wright Electric, a licensed electrical company, inspected the electrical system in the home. Per this inspection, all ground fault indicators are working properly, the smoke detectors are appropriately installed and working, and the wiring is certified in good condition.

The Marquette Count Health Department conducted an environmental inspection of the well and septic on 08-13-06. No problem was found with the water and the septic is functioning properly.

B. Program Description

Ms. Beres plans to provide personal care, supervision, and protection to persons who are aged and physically handicapped. The home does not have a wheelchair ramp and may not provide services to individuals that ambulate via wheelchair.

Ms. Beres has had extensive experience as an adult foster care provider, working in Dickinson Co. for more than 20 years. Ms. Beres plans to work with the Marquette Co. Department of Human Services and Pathways to Healthy Living regarding case management services.

Ms. Beres has started the process with the Long Term Care Website, State of Michigan, of screening her employees regarding criminal history as required by law. Mrs. Beres and her staff are very familiar with the requirements of resident record keeping. Ms. Beres has been made aware of R 400.1421, or the requirements of safeguarding resident funds and valuables. Ms. Beres has agreed to comply with the requirements.

C. Rule/Statutory Violations

There were no rule violations during the final inspection completed on October 9, 2006.

IV. RECOMMENDATION

Issuance of a temporary adult foster care license, capacity five (5), ambulatory persons only.



October 10, 2006

Mark Muscoe
Licensing Consultant

Date

Approved By:



10/10/06

Deborah Clark
Area Manager

Date