



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

September 19, 2006

Joy and Jerome Clark  
2618 N River Rd  
Gulliver, MI 49840

RE: Application #: AF770283518  
Clark AFC Home  
2618 N. River Road  
Gulliver, MI 49840

Dear Mr. and Mrs. Clark,

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license and certification with a maximum capacity of 2 are 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 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**

<b>License #:</b>	AF770283518
<b>Applicant Name:</b>	Clark, Joy and Jerome
<b>Applicant Address:</b>	2618 N River Rd Gulliver, MI 49840
<b>Applicant Telephone #:</b>	(906) 341-5100
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Clark's Landing
<b>Facility Address:</b>	2618 N. River Road Gulliver, MI 49840
<b>Facility Telephone #:</b>	(906) 341-5100 04/28/2006
<b>Application Date:</b>	
<b>Capacity:</b>	2
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

04/28/2006	Enrollment.
05/08/2006	Application Incomplete Letter Sent/ Document Sent.
05/22/2006	Contact - Document Received/ BRS 1326- Licensee.
06/12/2006	Application Incomplete Letter Sent/ Field Letter.
06/20/2006	Inspection Completed-Env. Health : A.
07/06/2006	Application Complete/On-site Needed/ Documents Received.
07/10/2006	Inspection Completed On-site.
07/10/2006	Inspection Completed-BFS Sub. Compliance.
08/29/2006	Contact - Telephone call received/ Mrs. Clark.
08/30/2006	Contact - Telephone call made/ Resident Recordkeeping Information. Contact - Document Sent/ Information about resident record keeping.
09/05/2006	Inspection Completed On-site.
09/07/2006	Inspection Completed-BFS Sub. Compliance Corrective Action Plan Received.
09/07/2006	Contact - Document Sent/ Examples of emergency procedures.
09/18/2006	Contact - Document Received/ Corrective Action Plan. Contact - Telephone call made
09/19/2006	Contact - Document Received/ Emergency Procedures.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Mr. and Mrs. Clark are the owners and operators of this prospective adult foster care family home. The home is a ranch style home, located near the small town of Gulliver, a quiet rural setting well off US 2. The home is modular construction and is exceptionally well maintained. There are two resident bedrooms, a nice resident dining area, a large interior living room, a resident bathroom, and a large deck on the rear of the home for resident use. The resident living space is brightly decorated, well maintained and very clean.

The home is located approximately 12 miles from Manistique, Michigan. All medical services, including case management agencies, medical, dental, psychological and psychiatric services are available there.

There is a large commons area in the resident wing of the home. The living room measures 12' x 12', or 144 sq. ft. The resident dining area measures 17'8" x 12'6", or 221 sq. ft. Total general living space is 365 sq. ft.

There are two resident bedrooms:

Bedroom #1: 10'3" x 11" + 2'3"x 4'7" alcove, or 123 sq. ft., adequate for single occupancy.

Bedroom #2: 10' 4"x 10'6" + 2'3" x 4' alcove, or 117 sq. ft., adequate for single occupancy.

The home does not have a ramp, and thereby cannot provide services to person's who ambulate via wheelchair. Capacity of the home is limited to two ambulatory adult foster care residents. Mr. and Mrs. Clark have discussed changing the physical layout of one of the bedrooms to increase capacity of the home. Any change to physical plant that effects licensing issues requires notification of and approval by the Department.

The resident bathroom is located directly between the resident bedrooms.

A gas forced air furnace heats the home. Hoholik Enterprises, a licensed plumbing and heating company, inspected the furnace and certified it in good working order. The home has a fireplace, and the chimney flue was also inspected and certified in good working order. The septic and water system were inspected by the Schoolcraft Co. Health Department. No trouble was noted with the septic system and the water tested safe. Jennifer Hubble, Sanitarian, has recommended additional water testing that the licensee's have agreed to carry out quarterly. Two current water tests have found no contaminants in the home's water supply.

## **B. Program Description**

Mr. and Mrs. Clark plan to provide personal care, supervision, and protection to persons who are aged, mentally ill and/ or developmentally disabled. Mr. and Mrs. Clark have submitted an application to provide special contract services through the person centered planning process. Mr. and Mrs. Clark will be contracting with Hiawatha Behavioral Health to provide this programming. Mrs. Clark will be the primary care provider. Mrs. Clark has worked with Hiawatha Behavioral Health's Active Community Treatment Team for many years, and has significant experience working in the community with mentally ill and developmentally disabled people.

Mr. and Mrs. Clark have started the process with the Long Term Care Website, State of Michigan, of screening her employees regarding criminal history as required by law. This consultant addressed the requirements of resident record keeping with Mr. and Mrs. Clark during a recent on site inspection. Mr. and Mrs. Clark has been made aware

of R 400.1421, or the requirements of safeguarding resident funds and valuables. Mr. and Mrs. Clark have agreed to comply with the requirements.

**C. Rule/Statutory Violations**

Mr. and Mrs. Clark provided an acceptable corrective action plan for all rule violations noted during the on site inspections.

**IV. RECOMMENDATION**

Issuance of a temporary license effective 09-20-06, capacity 2 (ambulatory).  
Issuance of a temporary certification upon notification of Recipient Rights compliance.



09-19-2006

---

Mark Muscoe  
Licensing Consultant

Date

Approved By:



09/26/06

---

Deborah Clark  
Area Manager

Date