



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

December 15, 2006

Julie and Gary Sexton  
7754 Co 416J Rd.  
Gladstone, MI 49837

RE: Application #: AF210277469  
Sunny View AFC Home  
7754 Co 416J Road  
Gladstone, MI 49837

Dear Julie and Gary Sexton:

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 6 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 (906) 228-0781.

Sincerely,

Theresa Norton, Licensing Consultant  
Office of Children and Adult Licensing  
305 Ludington St  
Escanaba, MI 49829  
(906) 789-4606

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF210277469
<b>Applicant Name:</b>	Julie and Gary Sexton
<b>Applicant Address:</b>	7754 Co 416J Rd. Gladstone, MI 49837
<b>Applicant Telephone #:</b>	(906) 786-2666
<b>Administrator/Licensee Designee:</b>	Julie Sexton
<b>Name of Facility:</b>	Sunny View AFC Home
<b>Facility Address:</b>	7754 Co 416J Road Gladstone, MI 49837
<b>Facility Telephone #:</b>	(906) 786-2666
<b>Application Date:</b>	07/15/2005
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED PHYSICALLY HANDICAPPED MENTALLY ILL

## II. METHODOLOGY

07/15/2005	Enrollment
07/20/2005	Application Incomplete Letter Sent
07/20/2005	Inspection Report Requested - Health
07/28/2005	Contact - Document Received 1326 for Gary and Julie
08/30/2005	Application Complete/On-site Needed
09/12/2005	Application Incomplete Letter Sent Phone call to Ms. Sexton - She will call when construction has begun.
10/25/2006	Inspection Completed-Env. Health : A
12/11/2006	Inspection Completed On-site
12/11/2006	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The family home is a large, single story home, with a newly constructed addition, located approximately 10 miles northwest of Escanaba. The property sits in a serene, country setting. Mr. and Mrs. Sexton own the home. Proof of ownership was provided and a copy of the mortgage deed is maintained in the file.

The new addition is 1835 square feet and has 6 bedrooms, 1 full bathroom, and a 1/2 bathroom. There is also a full kitchen, a combined dining area, and a large (16 x 18) living room. The heat plant is located on the lower level in an enclosed room with a self-closing fire door. There is an interconnected smoke detection system which was installed by a certified electrician. Bedrooms have the following dimensions:

Bedroom #1	120 sq. ft.	Approved Capacity 1
Bedroom #2	120 sq. ft.	Approved Capacity 1
Bedroom #3	120 sq. ft.	Approved Capacity 1
Bedroom #4	120 sq. ft.	Approved Capacity 1
Bedroom #5	120 sq. ft.	Approved Capacity 1
Bedroom #6	120 sq. ft.	Approved Capacity 1

This facility has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The Delta County Public Health Department conducted a final inspection of the facility's private water and septic system on 10/25/2006. The Health Department recommendation determined that the facility is in substantial compliance with applicable environmental rules.

## **B. Program Description**

The facility proposes to serve adults that are Aged, Physically Handicapped and Mentally Ill.

The licensees intend to provide care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The facility intends to sponsor activities such as bingo, shopping trips, arts and crafts, parties, music, Christmas activities, etc. Sunny View AFC will encourage family involvement.

Transportation to local medical appointments will be provided by the home as needed. Transportation to out-of-area appointments will be provided for a nominal fee.

## **C. Licensee and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the licensees. The licensees submitted medical clearance requests with a statement from a physician documenting good health and current TB-tine negative results.

The licensees acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensees have indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensees acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The licensees acknowledged that they will provide three well-balanced and nutritious meals daily. The licensees are aware of and intend to comply with the provision of special diets that may be required for any resident.

The licensees acknowledged their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensees acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

**D. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend issuance of a temporary AFC Family Home license (capacity 6).



12/15/2006

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Theresa Norton  
Licensing Consultant

Date

Approved By:



12/15/06

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Deborah Clark  
Area Manager

Date