



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

August 28, 2007

Gwen Wiacek
10038 Hagensville Rd.
Posen, MI 49776

RE: Application #: AF710290749
Wiacek Care Home
10038 Hagensville Rd.
Posen, MI 49776

Dear Ms. Wiacek:

Attached is the Original Licensing Study Report for the above referenced home. 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.

Sincerely,

Joyce Lixey, Licensing Consultant
Office of Children and Adult Licensing
2145 E. Huron Rd.
East Tawas, MI 48730
(989) 362-0337

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF710290749
Applicant Name:	Gwen Wiacek
Applicant Address:	10038 Hagensville Rd. Posen, MI 49776
Applicant Telephone #:	(989) 766-9956
Administrator/Licensee Designee:	N/A
Name of Home:	Wiacek Care Home
Home Address:	10038 Hagensville Rd. Posen, MI 49776
Home Telephone #:	(989) 766-9956
Application Date:	05/24/2007
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/24/2007	Enrollment
07/09/2007	Comment File received in East Tawas office on 07/09/2007, from the Marquette office
07/11/2007	Inspection Completed-Env. Health : A
07/16/2007	Application Incomplete Letter Sent
07/27/2007	Contact - Document Received House rules, Evacuation Plan,
07/27/2007	Contact - Telephone call made To licensee confirmed receipt of documents scheduled appointment for original on-site
08/15/2007	Inspection Completed on-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Home

Wiacek Care Home is a two-story home with tan siding and maroon shutters that is co-owned by the applicant and her significant other. Wiacek Care Home is situated Presque Isle County five (5) miles from the city of Posen. It has a large yard and garden area. Wiacek Care Home is within twenty miles of local parks, museums, other recreational activities, hospitals, fire departments and county police. The applicant and her two children will reside in the home along with two residents. The home has four bedrooms, a laundry, combined kitchen/dining room area, living room, and an upstairs sitting room/office. The upstairs sitting room/office and applicant bedroom is for private use by the applicant and will not be utilized by the residents. The home has three bathrooms. The home has a full basement, side porch and unattached garage. The basement and garage are not licensed for resident use.

The facility furnace is located in the basement and there is a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. An additional wood pellet stove located in the living room. On 07/31/2007, the pellet stove was inspected by "JR's Appliance Repair" and installed per factory requirements. Battery powered, single station smoke detectors have been installed near sleeping areas and in the living room near the pellet stove and basement near the furnace. Fire extinguishers are installed on each floor of the home.

The home has a private water and sewer system. An environmental health inspection was completed on 07/11/2007, at which time the sanitarian gave the home an A rating

The resident bedroom was measured during the on-site inspection and has the following dimensions:

Bedroom #1 measures 12.5' x 11.83' for a total of 148 sq. ft. = 2 resident beds.

Based on the above information, it is concluded that this home can accommodate two (2) residents. The applicant will assure that the number of residents in the home does not exceed the maximum capacity of two residents.

The living room measures 15.83' x 24' for a total of 380 sq. ft. of living space and is more than adequate the number occupants living in the home.

B. Program Description

The applicant, Gwen Wiacek intends to provide 24-hour supervision, protection, and personal care to two (2) ambulatory, male or female adults who are aged or whose diagnosis is mentally ill or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Gwen Wiacek. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Wiacek has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (2) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the applicant has 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 applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain

compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

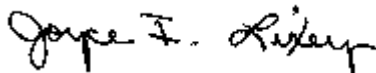
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their 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

There were no rule violations at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this AFC adult family home for a capacity of (2).



08/28/2007

Joyce Lixey
Licensing Consultant

Date

Approved By:



08/28/2007

Christopher J. Hibbler
Area Manager

Date