



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

November 14, 2007

Sherri Hart
5603 N. Greenville Rd.
Lakeview, MI 48850

RE: Application #: AF590286071
Field of Dreams AFC
5603 N. Greenville Rd.
Lakeview, MI 48850

Dear Ms. Hart:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined full compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 4 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 (989) 835-7241.

Sincerely,

A handwritten signature in cursive script that reads "Ronald R. Verhelle".

Ronald R. Verhelle, Licensing Consultant
Office of Children and Adult Licensing
1475 S. Bamber Rd.
Mt. Pleasant, MI 48858-8010
(989) 772-8474

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF590286071

Applicant Name: Sherri Hart

Applicant Address: 5603 N. Greenville Rd.
Lakeview, MI 48850

Applicant Telephone #: (989) 352-6780

Administrator/Licensee Designee: N/A

Name of Facility: Field of Dreams AFC

Facility Address: 5603 N. Greenville Rd.
Lakeview, MI 48850

Facility Telephone #: (989) 352-6780

Application Date: 09/14/2006

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/14/2006	Enrollment
09/21/2006	Inspection Report Requested – Environmental Health
10/04/2006	Inspection Completed-Environmental Health : A
01/03/2007	Inspection Completed-BFS Sub. Compliance
03/07/2007	Inspection Completed-BFS Sub. Compliance
03/07/2007	Technical Assistance
11/05/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The applicant, Sherri Hart is purchasing the property located at 5603 N. Greenville Rd., Lakeview, MI 48850, and the mortgage is solely in her name. The home is a relatively new ranch style modular structure situated in a rural setting. The home features a large walk out basement with bedrooms that are regularly used for sleeping. The capacity of the home will easily enable four residents to utilize two semi-private bedrooms. There is ample space in the home for the live-in licensee, responsible person and her two children aged five and seven years.

Field of Dreams is located four miles north of Lakeview or fifteen miles south of Greenville on M-91. Land use in the vicinity of 5603 N. Greenville Rd., Lakeview is primarily agricultural with several homes nearby. The home is barrier free and wheelchair users may be accepted for admission. The upper level of the home has three bedrooms that shall be utilized by the licensee, her two children and the responsible person. It includes a living room, dining room, family room, kitchen, utility room, and two bathrooms. The lower level of the home has three bedrooms, two of which shall be utilized by four residents, and includes a living room, dining room, pantry, and bathroom. The washer and dryer are located in the utility room on the upper level of the home. A natural gas furnace heats the home. There is a swimming pool on the property that is covered, fenced, and gated. Residents shall not use the swimming pool unless very closely supervised and guardian approved.

Field of Dreams utilizes private water and sewage systems. The Mid Michigan District Health Department determined Field of Dreams to be in compliance with the *Environmental Health Rules for Adult Foster Care Family Homes* on October 4, 2006.

The home's smoke detection system is hard-wired to the building's electrical supply with battery back up. Smoke detectors are located in the bedrooms, kitchen, utility room, furnace room, and other heat producing areas in the home. The furnace was inspected and approved by Russell Plumbing and Heating on March 6, 2007. Fire extinguishers have been placed on each level of the home and emergency evacuation routes have been posted. This licensing consultant determined Field of Dreams to be in compliance with the *Fire Safety Rules for Adult Foster Care Family Homes* on November 5, 2007.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Southeast	13' 8" x 11' 4" + 2' 4" x 5' 9"	168.15	2
Southwest	15' 4" x 10' 2" + 1' 2" x 10' 4".	172.89	2

The living, dining, and sitting room areas measure a total of 841.5 square feet of living space. A total of eight persons will occupy the home and this exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) male and female residents who are at least, 60 years of age, developmentally disabled, mentally ill, and the physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. Referrals will be accepted from the Department of Human Services, hospital, mental health clinics, commissions on aging, other human services agencies, and the general public.

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. Emergency medical, social, educational, and recreational services are located within the cities of Lakeview and Greenville. Field of Dreams shall provide emergency transportation services.

Field of Dreams' vision is to provide a safe, happy, and loving home in a rural environment. Field of Dreams' goal is to assist all residents in becoming as independent as possible. Field of Dreams will accept payment from both Supplemental Security Income and private sources for their services.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. 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.

The applicant, Sherri Hart 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 (4) 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. Additional responsible persons shall also be on duty when the swimming pool is in use.

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.

The Department provided Sherri Hart with a comprehensive review of administrative record keeping requirements for responsible persons and residents. All of the required forms were reviewed with Sherri Hart and she was instructed on how and when to use them. *House Rules* have been developed and they do not conflict with the *Licensing Rules for Adult Foster Care Family Homes*.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary six-month license to this adult foster care family home for a capacity of 4.

Ronald R. Verhelle

November 13, 2007

Ronald R. Verhelle
Licensing Consultant

Date

Approved By:

Christopher Hibbler

November 14, 2007

Christopher Hibbler
Area Manager

Date