



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

January 07, 2008

Trina Jewett  
Culver Meadows AFC, Inc  
5840 Culver Rd  
Traverse City, MI 49684

RE: Application #: AL280291584  
Culver Meadows Adult Foster Care  
5840 Culver Rd.  
Traverse City, MI 49684

Dear Ms. Jewett:

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 with a maximum capacity of 15 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 (231) 922-5309.

Sincerely,

Julie Loncar, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5470

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL280291584
<b>Applicant Name:</b>	Culver Meadows AFC, Inc
<b>Applicant Address:</b>	5840 Culver Rd Traverse City, MI 49684
<b>Applicant Telephone #:</b>	(231) 943-9421
<b>Administrator/Licensee Designee:</b>	Trina Jewett, Designee and Administrator
<b>Name of Facility:</b>	Culver Meadows Adult Foster Care
<b>Facility Address:</b>	5840 Culver Rd. Traverse City, MI 49684
<b>Facility Telephone #:</b>	(231) 943-9421
<b>Application Date:</b>	07/12/2007
<b>Capacity:</b>	15
<b>Program Type:</b>	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

## II. METHODOLOGY

07/12/2007	Enrollment
07/19/2007	Inspection Report Requested - Fire
07/19/2007	Inspection Report Requested - Health
07/31/2007	Inspection Completed-Env. Health : A
10/30/2007	Inspection Completed-Fire Safety : A
11/19/2007	Inspection Completed On-site
11/19/2007	Inspection Completed-BFS Sub. Compliance
11/19/2007	Application Incomplete Letter Sent
01/04/2008	Application Complete/On-site Needed
01/04/2008	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

The facility is a bi-level home located in a subdivision southwest of Traverse City. The Licensee Designee and Administrator, Trina Jewett, lives with her husband and two children on the upper level of the home. The facility was licensed as a six-bed group home in September 2003, and then, licensed as a 12-bed group home in December 2005. The applicant is now increasing capacity and changing their adult foster care category type to become a large group home to accommodate three additional residents.

The facility has two dining areas and two living rooms. The kitchen is located in the previously licensed section of the facility. All Adult Foster Care residents live on the ground level. There are 12 resident bedrooms with three full bathrooms available in the resident section of the home. In addition, there are four bedrooms that have a half bathroom and another six bedrooms that share a half bathroom.

The resident section of the home is wheelchair accessible with the exterior doors being at ground level. The exterior doors are equipped with a buzzer system. Interconnected smoke detection and a sprinkling system have been installed to meet compliance with fire safety regulations. Two natural gas furnaces heat the facility; a new furnace was added in 2005. The Bureau of Fire Services inspected and granted "full approval " to the facility on 10/30/2007.

The home has private water and sewage systems. An environmental health inspection was conducted on 7/31/2007 and a full approval was given.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.10 x 11.10	123.2	1
2	11.4 x 14.8 (-12.2)	156.6	Licensed for 1
3	11.6 x 12.6 -12.7 (closet)	133.44	<b>2</b>
4	12.6 x 11.10 (-12.1)	127.7	1
5	12.3 x 13 -12(closet)	147.9	<b>2</b>
6	10 x 15.9 -10fr (closet)	149	<b>2</b>
7	10.1 x 12.8	129.2	1
8	10.1 x 12.8	129.2	1
9	9.10 x 12.8	116.4	1
10	10.2 x 12.8	130.5	1
11	10.0 x 12.8	128	1
12	10.2 x 12.8	130.5	1

Based on the above information, it is concluded that this facility can accommodate fifteen (**15**) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to fifteen (**15**) male or female adults whose diagnosis is Alzheimer's or dementia related conditions. in the least restrictive environment possible. The program will include social interaction skills, personal hygiene and personal adjustment skills.

The licensee will provide assistance with transportation for medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources for social opportunities.

### **C. Applicant and Administrator Qualifications**

The applicant is Culver Meadows Adult Foster Care Inc., which is a “For Profit Corporation” established in Michigan, on 12/30/2002. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no lein convictions recorded for Trina Jewett, who is the Licensee Designee and Administrator. Ms. Jewett has submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

Ms. Jewett has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 15-bed facility is adequate and includes a minimum of 2 staff –to- 15 residents per shift.

The licensee designee acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The licensee designee 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](http://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 licensee designee acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the licensee designee 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 licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee designee has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The licensee designee acknowledges 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 licensee designee 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 licensee designee acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

There were no rule violations noted.


#### **IV RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult large group home for a capacity of fifteen (15) residents.

  
\_\_\_\_\_  
Julie Loncar  
Licensing Consultant

01/07/2008  
\_\_\_\_\_  
Date

Approved By:

  
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Christopher J. Hibbler  
Area Manager

01/07/2008  
\_\_\_\_\_  
Date