



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

May 5, 2008

Robert and Deborah Krantz
529 N 18th St
Escanaba, MI 49829

RE: Application #: AF210295215
Robert and Deborah Krantz
529 N 18th St
Escanaba, MI 49829

Dear Robert and Deborah Krantz:

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 1 is issued.

Upon receipt of an acceptable corrective action plan, a temporary license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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
Bureau of Children and Adult Licensing
305 Ludington St
Escanaba, MI 49829
(906) 789-4606

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF210295215
Applicant Name:	Krantz, Robert and Deborah
Applicant Address:	529 N 18th St Escanaba, MI 49829
Applicant Telephone #:	(906) 786-2747
Administrator/Licensee Designee:	N/A
Name of Facility:	Krantz, Robert and Deborah
Facility Address:	529 N 18th St Escanaba, MI 49829
Facility Telephone #:	(906) 786-2747
Application Date:	01/22/2008
Capacity:	1
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATIC BRAIN INJURED

II. METHODOLOGY

01/22/2008	Enrollment
04/01/2008	Inspection Completed On-site
05/01/2008	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, wood-framed, double story home located in the city of Escanaba. The property is centrally located to schools, churches, shopping areas, etc. Mr. and Mrs. Krantz own the home. Proof of ownership was provided and a copy of the mortgage deed is maintained in the file.

A large addition was constructed on the existing home to accommodate the adult foster care resident. It has a full private bathroom, and is in close proximity to the kitchen, dining area, and a large living room. There is a smoke detection system with a battery back on all floors. At the time of application, the single bedroom is designated for a specific resident. The bedroom has the following dimensions:

Bedroom #1	348 sq. ft.	Approved Capacity 1
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This facility has the square footage necessary to accommodate up the 1 resident as requested on the application. The living area is totally handicapped accessible and there is an appropriate grade ramp at the primary exit. The facility is fully equipped with required furnishings, linens and dishware.

B. Program Description

The facility proposes to serve adults that are Developmentally Disabled, Mentally Ill or are Traumatic Brain Injured (TBI). Services available in the home are designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

Licensee and Administrator Qualifications

The licensees have extensive experience working with the proposed population. Mr. Krantz has 7 years experience working directly with the Developmentally Disabled and Mentally Ill population. In addition, he is a certified CPR and First Aide Instructor as well as a Certified Occupational Thearapist. Mrs. Krantz has 22 years experience assisting

a Traumatic Brain Injured relative. She has also worked as an Elderly Companion. Mrs. Krantz is a Certified Fitness and Nutritional Specialist.

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

The licensees acknowledged an understanding of the administrative rules regarding medication. In addition, the licensees have indicated that resident medication will be stored in a locked cabinet/box and that daily medication logs will be maintained on each resident receiving medication.

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

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

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

The licensee acknowledged her 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.

C. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1).

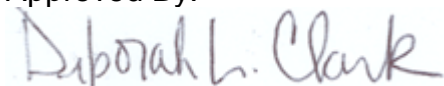


05/08/2008

Theresa Norton
Licensing Consultant

Date

Approved By:



05/08/08

Deborah Clark
Area Manager

Date