



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 11, 2008

Colleen Delekta
5486 Co Rd. 634
Posen, MI 49776

RE: Application #: AF710297816
Posen AFC
5486 Co Rd. 634
Posen, MI 49776

Dear Ms. Delekta:

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 3 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,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5472

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF710297816
Applicant Name:	Colleen Delekta
Applicant Address:	5486 Co Rd. 634 Posen, MI 49776
Applicant Telephone #:	(989) 766-8286
Administrator/Licensee Designee:	N/A
Name of Facility:	Posen AFC
Facility Address:	5486 Co Rd. 634 Posen, MI 49776
Facility Telephone #:	(989) 766-8286
Application Date:	08/25/2008
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. METHODOLOGY

08/25/2008	Enrollment
08/28/2008	Application Incomplete Letter Sent re: completion of app
10/08/2008	Inspection Completed-Env. Health: A
10/24/2008	Contact - Document Received app-- still not completed
10/27/2008	Application Incomplete Letter Sent re: completion of app
11/03/2008	Inspection Completed On-site
11/05/2008	Contact - Document Received completed app
11/06/2008	Application Incomplete Letter Sent re: rec cl for responsible person
12/03/2008	Application Complete/On-site Needed
12/10/2008	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed for adult foster care on two prior occasions. The facility is located in a rural area approximately 2 miles west of Posen. This ranch style home consists of a living room, kitchen/dining area, pantry, two resident bedrooms, two bedrooms for the applicant and her daughter, two full bathrooms and a laundry room. The facility is not barrier free and therefore, is not approved for non-ambulatory residents or wheel chair use.

The furnace and hot water heater are located in the attached two car garage. The furnace room is enclosed and has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with battery powered, single station smoke detectors installed near sleeping areas and in the living room.

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' x 14'7"	160	1
2	12'2" x 13'5"	163	2

The living and dining areas measure a total of 422 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility has a private water and sewer system. An environmental health inspection was conducted on October 8, 2008. The Sanitarian determined the facility to be in substantial compliance with applicable rules

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents, whose diagnosis is developmentally disabled, mentally ill or aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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. 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, Colleen Delekta 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 three (3) 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.

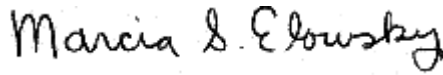
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant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

IV. RECOMMENDATION

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



12/10/2008
Date
Marcia S. Elowsky
Licensing Consultant

Approved By:


12/11/2008
Date
Christopher J. Hibbler
Area Manager