



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

May 15, 2009

Julia Skaggs
285 McMahon Drive
Bronson, MI 49028

RE: Application #: AF750301120
Skaggs AFC
31510 Townline Road
Burr Oak, MI 49030

Dear Julia Skaggs:

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 6 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 (269) 337-5066.

Sincerely,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5264

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF750301120
Applicant Name:	Julia Skaggs
Applicant Address:	285 McMahan Drive Bronson, MI 49028
Applicant Telephone #:	(517) 617-4058
Administrator/Licensee Designee:	N/A
Name of Facility:	Skaggs AFC
Facility Address:	31510 Townline Road Burr Oak, MI 49030
Facility Telephone #:	(517) 617-4058 03/18/2009
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

03/18/2009	Enrollment
03/24/2009	Inspection Report Requested - Health Inv. #1015537
03/24/2009	Application Incomplete Letter Sent Environmental
04/02/2009	Inspection Completed-Env. Health : D
04/03/2009	Inspection Completed On-site
04/03/2009	Contact - Document Received proof of ownership
04/24/2009	Inspection Report Requested - Health
04/29/2009	Inspection Completed-Env. Health : A
05/14/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This will be a change of ownership as the home is presently licensed as an AFC Family Home (AF750091812). It is a 2-story wood frame house located in a rural area near the village of Burr Oak. The 1st floor has 2 living rooms, dining room, kitchen, 3 full bathrooms, 6 resident bedrooms and a 3 season porch. Residents will reside on the 1st floor only. The 2nd floor is occupied by the applicant, her husband, and aunt. Compliance with space requirements was verified and it is wheelchair accessible.

The applicant and her husband are purchasing the home on a land contract from the present licensee. On file is a copy of the land contract, proof of ownership, and written permission from the owners (applicant's husband and aunt) to allow the home to be used as an AFC Home.

The home has private water and sewer that was approved by the county health department (report on file). My on site inspection verified compliance with rules pertaining to environmental health.

My on site inspection verified compliance with rules pertaining to fire safety. It is heated with propane and the furnace is in a building that is adjacent to the house.

B. Program Description

The applicant is Julia Skaggs. Ms. Skaggs has been a registered nurse for more than 10 years. On file are medical, TB and background clearances for Ms. Skaggs and her husband and aunt.

The applicant is approved to provide care for the mentally ill, developmentally disabled, aged, Alzheimer's, and physically handicapped populations. The applicant will ensure other transportation needs such as doctor appointments. The home is wheelchair accessible. Emergency transportation is available by dialing 911. There will be at least one responsible person on duty whenever residents are in the home.

I reviewed with the applicant and her husband the applicable rules that pertain to resident and staff record keeping, fire safety requirements, and criminal background check requirements (Act 29) for employees. The applicant will issue and review a copy of resident rights with each admission. Ms. Skaggs was provided with all necessary record forms to permit rule compliance.

A review of the application indicates substantial compliance with rules pertaining to financial capability of the applicant.

C. Rule/Statutory Violations

This applicant is in substantial compliance with Act No. 218 and the Administrative Rules governing the operation of Adult Foster Care Family Homes.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home applicant (capacity 6).

Kenneth Tindall

5.14.09

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

05/15/2009

Gregory V. Corrigan
Area Manager

Date