



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 2, 2009

Kathy & Daniel Nichols
70 Superior Street
Hillsdale, MI 49242

RE: Application #: AF300303025
Hands of Time AFC
70 Superior Street
Hillsdale, MI 49242

Dear Kathy & Daniel Nichols:

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 5 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,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 264-6326

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF300303025
Applicant Name:	Nichols, Kathy & Daniel
Applicant Address:	70 Superior Street Hillsdale, MI 49242
Applicant Telephone #:	(517) 610-5354
Administrator/Licensee Designee:	N/A
Name of Facility:	Hands of Time AFC
Facility Address:	70 Superior Street Hillsdale, MI 49242
Facility Telephone #:	(517) 610-5354 06/22/2009
Application Date:	
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

06/22/2009	Enrollment
06/24/2009	Application Incomplete Letter Sent Rec. cl. for Jessica and Diane
06/24/2009	Lic. Unit file referred for criminal history review Daniel
06/24/2009	Contact - Document Sent Rules & act booklets
07/07/2009	Contact - Document Received Rec. cl's for Jessica & Diane
07/20/2009	Application Incomplete Letter Sent
08/10/2009	Contact - Document Received Received response documentation to 7/20/09 letter.
09/02/2009	Application Complete/On-site Needed
09/02/2009	Inspection Completed On-site
09/02/2009	Inspection Completed-BFS Sub. Compliance
09/18/2009	Corrective Action Plan Received Will need to go to home to inspect before cap is approved.
09/25/2009	Contact – Face to Face Conducted follow-up inspection, reviewed family home rulebook and all required documentation.
09/30/2009	Contact – Face to Face Conducted final inspection of physical plant and consultation with applicants.
10/01/2009	Inspection Completed-BFS Full Compliance

This investigation included a review of the application forms and supporting documents including applicants' health appraisals, record clearances, applicant's financial status, verification of home ownership, house rules, emergency numbers, written emergency plan, and physical plant inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This home is relatively new, being built in 2005, and is located on a small lot on the east side of the City of Hillsdale. The home exterior is vinyl, and it has 3 bedrooms on the main floor, a full basement, and an attached garage. The home is not wheelchair accessible; therefore, residents requiring wheelchairs for mobility will not be admitted to this home.

Resident entry to the home is immediately off the gravel driveway. The main entry is accessed by a raised porch with handrails on the steps and around the porch. Upon entering the home is the living room area; to the left is the kitchen and dining area. Through the dining area is a laundry room which leads to the garage. To the right of the living area are a full bathroom and three resident bedrooms.

The bedroom locations and dimensions are as follows:

Northwest Bedroom:	10' x 11'	= 110 sq. ft (1 resident)
Northeast Bedroom:	11' x 12'	= 132 sq. ft. (2 residents)
Southeast Bedroom:	15' x 14'	= 210 sq. ft. (2 residents)

Each bedroom has built in closets; the Southeast bedroom has its own attached full bathroom.

The living room is 15' x 15' = 225 sq. ft.

The dining area is 12' x 10' = 120 sq. ft.

Therefore, the square footage available for resident activity area exceeds the minimum requirement for 5 residents.

There are two exits to the home; the primary exit is on the east side immediately off the driveway and the second exit is through a side door in the garage which exits on the north side of the home.

Resident medications will be kept in a locked storage box and housed in a closet in the laundry area.

The home has a full basement and is accessed through an approved self closing fire rated door immediately off the living area. The basement contains a gas fired furnace and water heater. The applicants will reside in the basement.

The home is air conditioned by a central air conditioning unit.

2. Sanitation:

The home is located in the City of Hillsdale and has public water and sewer.

Garbage service is provided on a weekly basis.

3. Fire Safety:

The home is heated by a gas forced air furnace which is in good repair. The hot water is provided by a gas hot water heater and it is also in good repair. The clothes dryer is located on the main floor and is properly vented.

The home has interconnected smoke alarms throughout the facility, including the basement, and they were functional when tested. There are also additional battery operated smoke alarms immediately off the kitchen and living area.

B. Program Description:

1. Applicant and Household:

Kathy Nichols and Daniel Nichols are the applicants for this home. Mr. and Mrs. Nichols will be the primary providers of service to the residents. There are no other children or adult members of the household residing in the home.

Record clearances have been conducted and approved.

The application and supporting documentation have been reviewed and found to be in substantial compliance.

2. Qualifications and Competencies:

Kathy and Daniel Nichols were determined by a licensed physician to be in good physical and mental condition and health for contact with dependent adults. Copies of their licensing medical clearances and TB tests are contained in the licensing record.

The licensee will train responsible person(s) regarding the care requirements of the residents of the home.

3. Program Information:

The home will accept male and female residents, 18 years or older, who are aged, who have a mental illness, or have a developmental disability. The applicant will accept residents who are receiving Supplemental Security Income (SSI) or who are able to pay privately.

Resident medications will be properly stored in a locked storage cabinet and medications will be documented when administered to residents.

Emergency medical response services are available to the home by the Reading Emergency Response system.

4. Facility and Employee Records:

Public Act 218 and the Adult Foster Care Family Home Rulebook were reviewed with the applicants. All required records and documentation were provided and reviewed with the applicants. Also reviewed with the applicants were the requirements for employees and the process to obtain criminal background checks.

The response person identified by the applicants is Jessica Ritchey of Jonesville. Required documentation has been approved and is present for the responsible person.

5. Resident Rights:

Resident Rights were reviewed with the applicants and this information will be supplied to individuals being referred for admission.

6. Conclusion:

Compliance with physical plant rules has been determined. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity to serve up to 5 residents.

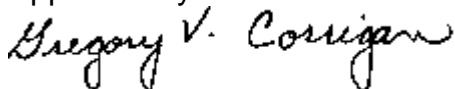


10/2/2009

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



10/02/2009

Gregory V. Corrigan
Area Manager

Date