



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

November 6, 2009

Debra Cornett
3240 McKibbin Road
Delton, MI 49046

RE: Application #: AF080297057
Cornett's Country Care Home
3240 McKibbin Road
Delton, MI 49046

Dear Ms. Cornett:

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 (517) 241-2585.

Sincerely,

Barbara K. Williams, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 241-0978

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF080297057
Applicant Name:	Debra Cornett
Applicant Address:	3240 McKibbin Road Delton, MI 49046
Applicant Telephone #:	(269) 795-9795
Administrator/Licensee Designee:	N/A
Name of Facility:	Cornett's Country Care Home
Facility Address:	3240 McKibbin Road Delton, MI 49046
Facility Telephone #:	(269) 795-9795 07/17/2008
Application Date:	
Capacity:	3
Program Type:	AGED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/17/2008	Enrollment
01/14/2009	Application Incomplete Letter Sent
09/10/2009	Inspection Completed On-site
10/02/2009	Inspection Completed-BFS Sub. Compliance
10/21/2009	Inspection Report Requested - Health
10/22/2009	Inspection Completed On-site
10/28/2009	Inspection Completed-Env. Health : A
11/06/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a rural area in Delton, MI. The home is a 2 story building located on a residential lot. The living and sitting rooms in the house contain 725 sq. ft. of activity space. This is adequate for the proposed number of occupants.

The bedroom space available is as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
South semi-private bedroom	18 X 12	216 sq. ft.	2
North private bedroom	11.10' X 8	94.6 sq. ft.	1
2 nd floor	The 2 nd floor bedrooms are for the licensee and her two children.		

B. Program Description

The applicant intends to provide supervision, protection and personal care to three ambulatory residents who are aged or developmentally disabled. The applicant will provide three nutritious meals and a furnished room and assure the availability of transportation.

In addition to the above program elements, it is the applicant's intent to provide social and recreational activities inside and outside of the home based on the interest level of the residents.

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 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 income generated from ownership in a business.

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 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 her 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 her 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 her 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 her 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 her 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 her 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 applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

Barbara K. Williams

11/6/09

Barbara K. Williams
Licensing Consultant

Date

Approved by:

Betsy Montgomery

11/6/09

Betsy Montgomery
Area Manager

Date