



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 21, 2010

Patti Schaap
Pearson Adult Foster Care Homes, Inc.
802 Munson Ave
Traverse City, MI 49686

RE: Application #: AG280278926
Green Field Farms Adult Foster Care
127 W. Potter Road
Traverse City, MI 49686

Dear Ms. Schaap:

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 32 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,

Julie Loncar, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5470

enclosure

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

I. IDENTIFYING INFORMATION

License #: AG280278926

Applicant Name: Pearson Adult Foster Care Homes, Inc.

Applicant Address: 127 W. Potter Rd.
Traverse City, MI Kingsley, MI 49686

Applicant Telephone #: (231) 947-1059

Administrator/Licensee Designee: Patti Schaap, Designee

Name of Facility: Green Field Farms Adult Foster Care

Facility Address: 127 W. Potter Road
Traverse City, MI 49686

Facility Telephone #: (231) 947-7055

Application Date: 11/16/2005

Capacity: 32

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/16/2005	Enrollment
01/17/2006	Application Incomplete Letter Sent
06/19/2006	Application Incomplete Letter Sent
02/08/2007	Contact - Face to Face On-site inspection
10/22/2007	Inspection Report Requested - Fire
11/12/2009	Contact - Telephone call received New Designee for Corp- Patti Schapp
11/19/2009	Inspection Report Requested - Health new drain field installed, plan review completed
12/02/2009	Inspection Completed-Environmental Health : A
03/04/2010	Inspection Completed-Fire Safety : D
08/31/2010	Inspection Completed-Fire Safety : A
09/09/2010	Application Complete/On-site Needed
09/09/2010	Inspection Completed On-site
10/12/2010	Contact - Telephone call made Request floor plan, budget and balance sheet
10/13/2010	Inspection Completed-BCAL Sub. Compliance
10/14/2010	Contact - Document Received
10/18/2010	Corrective Action Plan Received
10/18/2010	Corrective Action Plan Approved
10/18/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Green Field Farms is a thirty-two (32) bed Adult Foster Care Congregate facility that has been licensed since 04/08/1994. The facility has changed ownership from Firebaugh AFC, Inc., to Pearson Adult Foster Care Homes Inc. The applicant, Pearson Adult Foster Care Homes Inc, has appointed Patti Schaap as the facility Licensee Designee and facility Administrator.

The building is a single story concrete block and frame structure consisting of 9 resident bedrooms. There are 4 female bedrooms that are 4 beds each, 5 male bedrooms that include 1 single, 3 that are 4 bed rooms and 1 triple bed. The facility has a large dining room/activity room, a men's sitting room, and women's sitting room, 6 bathrooms, staff quarters on the upper level and staff quarters on the lower level and a basement mechanical room. The facility utilizes a boiler type heating system that has been inspected and approved with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware.

The Grand Traverse County Environmental Health Department has inspected the private well and septic systems. The facility recently had a new drain field installed and was determined to be in substantial compliance with applicable rules on 12/02/2009.

The Bureau of Fire Services issued a Full Approval on 08/31/2010 related to extensive Fire Safety additions that included updated alarm and sprinkler systems throughout the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Total Square Footage	Total Resident Beds
1	286	4
2	264	4
3	300	4
4	273	4
5	195	3
6	260	4
7	260	4
8	143	1
9	360	4

The living, dining, and sitting room areas measurements exceed the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **thirty-two** (32) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **thirty-two** (32) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills

The licensee will provide all transportation arrangements for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Pearson Adult Foster Care Home Inc., which is a "For Profit Corporation" established in Michigan, on 07/08/2004. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Pearson Adult Foster Care Home, Inc. have submitted documentation appointing Patti Schaap as Licensee Designee for this facility and Patti Schaap as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Schaap. Ms. Schaap submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The staffing pattern for the original license of this 32 bed facility is adequate and includes a minimum of 2-3 staff –to- 32 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents.

The applicant acknowledges an understanding of the qualifications, suitability, and relevant training for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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 their responsibility to obtain the required, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

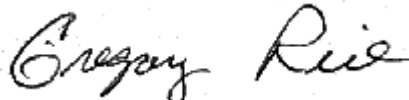
I recommend issuance of a temporary license to this adult foster care congregate facility (capacity 21-32).



Julie Loncar
Licensing Consultant

10/18/2010
Date

Approved By:



Gregory E. Rice
Area Manager

10/21/2010
Date