



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 29, 2010

Kent Vander Loon
McBride Quality Care Services Inc.
P.O. Box 387
Mt. Pleasant, MI 48804-0387

RE: Application #: AS560309066
Brooks Road AFC Home
3434 Brooks Rd.
Freeland, MI 48623

Dear Mr. Vander Loon:

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 (989) 758-2717.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
P.O. Box 1609
Midland, MI 48641
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS560309066

Applicant Name: McBride Quality Care Services Inc.

Applicant Address: 209 E. Chippewa
Mt. Pleasant, MI 48858

Applicant Telephone #: (989) 772-1261

Administrator/Licensee Designee: Kent Vander Loon, Designee

Name of Facility: Brooks Road AFC Home

Facility Address: 3434 Brooks Rd.
Freeland, MI 48623

Facility Telephone #:

Application Date: 06/23/2010

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/23/2010	Enrollment
06/25/2010	Inspection Report Requested - Health invoice #1017534
07/01/2010	Application Incomplete Letter Sent
08/12/2010	Inspection Completed On-site gave list of corrections needed to Kent Vander Loon. CMH will see to the needed repairs fire door and self closer, replace missing screens, repair leaky faucets, etc.
10/04/2010	Contact – Telephone call made to Kent Vander Loon and Midland County Health Department Sanitarian.
10/08/10	Inspection Completed Health Department.
10/11/2010	Inspection Completed On-site
10/14/2010	Inspection Completed On-site.
10/14/2010	Inspection Completed-BCAL Full Compliance
10/29/2010	Inspection Completed On-site.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Brooks Road AFC Home is a recently built ranch style home with a full finished basement. The basement level of the home has two exits one leading to the back yard and one is the stairwell to the main level of the home. The six bedroom home has three full bathrooms, two living rooms, a laundry room, storage room, dining room and kitchen. The Brooks Road AFC home is located west of the intersection of Sasse and Brooks roads about three miles south of the city of Midland. The home is a wood structure with beige vinyl siding. The facility has a two car attached garage. The home has a cement paved driveway with ample off road parking space. The facility was purchased by Central Michigan Community Mental Health and is leased to McBride Quality Care Services, Inc.

Midland County Sanitation Engineer, Robert Wolfe made a complete inspection of the home on 7/28//10. The facility has a private well and sewage system. The septic tank system was installed 10/22/2001 and the engineer recommended that the septic tank be cleaned out prior to opening the facility as an adult foster care home. The sanitarian's report acknowledges that the water has an objectionable odor. The water was tested

and has been determined safe for drinking. The initial inspection by the Midland County Sanitarian determined a “B” rating. A second Sanitarian inspection was requested to follow up on the requirement that the septic field had been cleaned. On 10/08/10, a follow-up inspection was conducted by the Sanitarian and the facility was given an “A” rating.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 9'	117	1
2	11' 2" x 12' 2"	136.6	1
3	11' 2" x 12' 2"	136.6	1
4	15.4' x 13.6'	209	1
5	10.6' x 11.4'	120	1
6	10.6' X 11.4'	120	1

The living, dining, and sitting room areas measure a total of 787 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 **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. Residents will be referred from: Central Michigan Community Mental Health.

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, and the

responsible agency.

The licensee will provide all transportation 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 McBride Quality Care Services, Inc., which is a “Non Profit Corporation”, was established in Michigan, in October of 1988. 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 McBride Quality Care Services, Inc. has submitted documentation appointing Kent Vander Loon as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and administrator. The licensee designee (and administrator) submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 2 residents on first and second shift and 1 to three residents on third shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements 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), Cogent Systems, Inc., and the related documents required to be maintained in each employee 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer 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 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 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 all of 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.


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.

IV. RECOMMENDATION

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

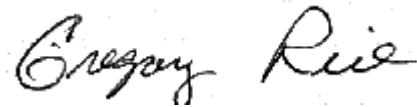


10/29/2010

Mary T. Fischer
Licensing Consultant

Date

Approved By:



10/29/2010

Gregory Rice
Area Manager

Date