



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 9, 2011

Barbara Elkins
4551 Loftus Rd
Middleville, MI 49333

RE: Application #: AF080309874
Loftus Lane
4551 Loftus Rd
Middleville, MI 49333

Dear Ms. Elkins:

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 two (2) 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,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 335-6232

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF080309874
Applicant Name:	Barbara Elkins
Applicant Address:	4551 Loftus Rd Middleville, MI 49333
Applicant Telephone #:	(616) 795-7519
Licensee:	Barbara Elkins
Name of Facility:	Loftus Lane
Facility Address:	4551 Loftus Rd Middleville, MI 49333
Facility Telephone #:	(269) 795-7012
Application Date:	08/16/2010
Capacity:	2
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

08/16/2010	Enrollment
09/14/2010	Inspection Completed-Env. Health : A
09/15/2010	Application Incomplete Letter Sent
11/17/2010	Application Complete/On-site Needed
11/17/2010	Inspection Completed On-site
11/17/2010	Inspection Completed-BCAL Sub. Compliance orig
01/04/2011	Inspection Completed On-site
01/04/2011	Inspection Completed-BCAL Sub. Compliance
01/06/2011	Application Incomplete Letter Sent
02/23/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a large, ranch style home with a walk-out, finished basement. The facility is located on a rural country road in Middleville, Michigan. The facility sits approximately 1/3 of a mile off of the dirt road and is surrounded by open farmland and trees. There is sufficient space for staff and/or visitor parking in the driveway. The facility has a separate two-car garage with concrete floors and ample storage space that sits beside the facility.

The main floor of the facility is approved for resident use and includes the kitchen, small dining area, formal dining area, living room, two resident bedrooms, two full bathrooms, laundry facilities, and the sleeping quarters for Mr. and Mrs. Elkins. The area designated as the sleeping area for the Elkins' is not approved for resident use. There is also a sliding glass door leading to a deck off of the formal dining area.

The resident bedrooms and living area measured as follows:

Bedroom #1	9'8" x 9'8" + 5'0" x 2'0" = 103 square feet	1 Resident
Bedroom #2	9'8" x 10'6" = 101 square feet	1 Resident
Living Area	15'10" x 16'0" = 253.33 square feet	

The facility is not wheelchair accessible. The water heater and furnace are located in the finished basement and are separated from the remainder of the home by a solid wood-core door that is equipped with an automatic self-closing device and installed in a fully stopped frame. The heater was last inspected by a qualified professional on 02/04/2011 and was found to be in good working order. The finished basement is not approved for resident use. The facility has single-station smoke alarms located in all sleeping areas as well as the living area and basement.

The facility has private water and a private sewage disposal system. The water and sewage disposal system were inspected by the Barry-Eaton District Health Department on 09/14/2010 and the facility received an 'A' rating.

B. Program Description

The facility will provide 24-hour supervision, protection, and personal care for two males and/or females age 40 years or over who are either aged and/or have been diagnosed with developmental disabilities and/or mental illness. The program will include the opportunity to socialize with one another and staff members through discussions, games, outings, puzzles, helping with cooking if desired, or watching TV. During the spring and summer months, outdoor activities such as bird watching, gardening, and tending to flowers will be offered. The applicant also plans to take the residents to vacation at their home up north for short weekends if the residents desire and if permitted by resident guardians. The applicant plans to utilize any local community resources that provide day programming opportunities to residents that qualify for those services as well.

Barbara Elkins will be the licensee for this facility and will live in this family home with an adult member of the household. A criminal history background check was completed for Barbara and the adult member of the household, as well as the responsible person, and all have been determined to be of good moral character. Current negative TB test results were obtained for each of them as well as physician statements that do not restrict any of the individuals from working with or around vulnerable adults.

Barb Elkins and the adult member of the household are purchasing the home and Mrs. Elkins has both personal savings and retirement income listed as sufficient resources to provide for the residents. The adult member of the household provided a letter stating that he is aware and approves of Barb Elkins running an AFC in the family home.

Barbara Elkins owned and operated an AFC family home from 1995-1999 in this same facility. During that time Mrs. Elkins stated that she provided care for a number of individuals who were diagnosed with developmental and cognitive disabilities as well as chronic mental health conditions. She stated that she enjoyed caring for the residents and is happy to be returning to this type of work. Consequently, she has many years of past experience with resident care as well as a working knowledge of the paperwork requirements.

Barbara Elkins acknowledged understanding of the requirement that she must reside in the home to maintain this type of licensure. All of the required paperwork for both residents and staff members was reviewed with Barbara Elkins and she stated a verbal understanding of those required documents. She stated that all staff and resident files will be maintained at the facility.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with quality of care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend the issuance of a temporary license to the AFC family home with a capacity of two (2) residents.



03/09/2011

Dawn N. Timm
Licensing Consultant

Date

Approved By:



3/9/11

Betsy Montgomery
Area Manager

Date