



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 23, 2011

Jordan Shepler
10663 E. M42
Manton, MI 49663

RE: Application #: AF570312205
Seasons of life AFC
2033 W. Moorestown Rd.
Lake City, MI 49651

Dear Mr. Shepler:

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 (517) 241-2585.

Sincerely,

Bruce A. Messer, 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 #:	AF570312205
Applicant Name:	Jordan Shepler
Applicant Address:	2033 W. Moorestown Rd. Lake City, MI 49651
Applicant Telephone #:	(231) 920-1621
Administrator/Licensee Designee:	N/A
Name of Facility:	Seasons of life AFC
Facility Address:	2033 W. Moorestown Rd. Lake City, MI 49651
Facility Telephone #:	(231) 229-4416
Application Date:	01/26/2011
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

01/26/2011	Enrollment
02/09/2011	Application Incomplete Letter Sent
02/09/2011	Inspection Report Requested - Health
02/10/2011	Contact - Document Received
03/15/2011	Inspection Completed-Environmental Health : A
05/06/2011	Application Incomplete Letter Sent
08/17/2011	Application Complete/On-site Needed
08/17/2011	Inspection Completed On-site
08/23/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Seasons of Life Adult Foster Care home is a large two story home located in a quiet rural setting in northern Missaukee County. The nearby communities of Lake City and Cadillac provide opportunities for residents to access medical, social service, recreation and shopping. The home has one single occupancy bedroom on the main floor, two double occupancy resident bedrooms and one single occupancy bedroom on the second floor. Two large living rooms, a dining room, kitchen and two bathrooms are located on the main floor along with the licensee's bedroom. A full bathroom and two bedrooms for the licensee's children are located on the second floor. The home is wheelchair accessible and has one approved means of egress that is equipped with a ramp from the first floor. Since only one resident bedroom is located on the first level, the home can only accept one resident that has mobility impairments or requires the use of a wheelchair.

The furnace and hot water heater utilize a wood-fired burning system located outside of the home. A back-up gas-fired burner is utilized in conjunction with this system if needed. The facility is partially equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The remaining portions of the home have battery-powered, single station smoke detectors which have been installed near sleeping areas, in the living room, in the basement. Fire extinguishers are installed on each floor of the home.

The facility has a private water and septic system. An environmental health inspection was conducted on March 15, 2011. The sanitarian determined the facility to be in substantial compliance with applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'X17'	238	1
2	12'1"X14'	169	2
3	11'4"X10'8"	120	1
4	12'1"X13'11"	168	2

The living, dining, and sitting room areas measure a total of 586 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six ambulatory male or female ambulatory or non-ambulatory adults who are aged or who have a developmental disability or mental illness.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the developmentally disabled residents will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents' supervising agency or as written in the residents' person centered plans.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and

shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A criminal history background check was conducted of the applicant and responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted a statement 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.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside 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 six residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this six bed family home, there is adequate supervision with one responsible person on-site –for-six residents. The applicant acknowledges that the number of responsible persons on-site –to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability 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) 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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior

to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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, 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their 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 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 that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 family home (capacity 1-6).

 August 23, 2011

Bruce A. Messer
Licensing Consultant

Date

Approved By:

 August 23, 2011

Betsy Montgomery
Area Manager

Date