



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 30, 2011

Kimberly Studer
K And K Quality Care Inc
351 Bay Mid Line Rd
Midland, MI 48642

RE: Application #:	AS090314318 K & K Quality Care II 351 Bay Mid Line Midland, MI 48642
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Dear Ms. Studer:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
Midland, MI 48640
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090314318
Applicant Name:	K And K Quality Care Inc
Applicant Address:	351 Bay Mid Line Rd Midland, MI 48642
Applicant Telephone #:	(989) 835-9412
Administrator/Licensee Designee:	Kimberly Studer, Designee
Name of Facility:	K & K Quality Care II
Facility Address:	351 Bay Mid Line Midland, MI 48642
Facility Telephone #:	(989) 835-9412
Application Date:	07/06/2011
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/06/2011	Enrollment
07/13/2011	Contact - Document Sent Rules & Act booklets
07/26/2011	Application Incomplete Letter Sent
10/21/2011	Inspection Report Requested - Fire Kim called and said they are ready for OFS to come back and inspect what they have done to see if they are ready for Licensure.
10/21/2011	Application Complete/On-site Needed
11/23/2011	Inspection Completed-Fire Safety : A
11/28/2011	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Plant Description:

K and K Quality Care II is a raised ranch style home with over 1700 square feet of living space. The home has an office, large commercial kitchen, dining area, living room, 1 bathroom, four resident bedrooms and a full basement. The Licensee Designee, Kimberly Studer, will be residing in the basement of the home. The basement has two exits. The facility is located at 351 Mid Bay Line road, Midland, Michigan, 48642. The facility is 9 miles from Mid- Michigan Regional Hospital, there are ample shopping options in Midland, city services include Library, Center for the Arts, Dow Gardens, Senior Services and many more public offices and public transportation. The facility is handicap accessible with ramps on the front and rear of the facility. There are large deck areas on both sides of the home for residents to sit outside and enjoy, weather permitting.

The boiler and hot water heater are located in the basement with a self-closing, 1-3/4 inch solid core door 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 backup, 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	14.6 x 10.9	159	2

2	13.4 x 11.10	148.7	2
3	11.11' x 13	144.4	1-2
4	13.6' x 11.2	152.3	1-2

The living, dining, and sitting room areas measure a total of 448 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: Senior Service organizations, local hospitals and Adult Protective Services.

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 K and K Quality Care, Inc., which is a “For Profit Corporation” and was established in Michigan, on 11/09/1994. 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 Director of K and K Quality Care, Inc. has submitted documentation appointing Kimberly Ann Studer as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the Licensee Designee and Administrator -Kimberly Ann Studer. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator 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- 6 residents per 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), finger printing by Cogent Solutions, Inc., 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 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.

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 6).



11/30/2011

Mary T. Fischer Licensing Consultant	Date
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Approved By:



11/30/2011

Jerry Hendrick Area Manager	Date
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