



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 17, 2012

Mary Parsons
11126 E. Parks Rd.
Wheeler, MI 48662

RE: Application #: AF290311056
Mary's Foster Care Home
11126 East Parks Road
Wheeler, MI 48662

Dear Mrs. Parsons:

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 3 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 (269) 337-5066.

Sincerely,

Dawn Campbell, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 335-0546

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF290311056
Applicant Name:	Mary Parsons
Applicant Address:	11126 E. Parks Rd. Wheeler, MI 48662
Applicant Telephone #:	(989) 708-8711
Administrator:	N/A
Name of Facility:	Mary's Foster Care Home
Facility Address:	11126 East Parks Road Wheeler, MI 48662
Facility Telephone #:	(989) 708-8711 10/12/2010
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

10/12/2010	Enrollment
11/16/2010	PSOR on Address Completed
11/16/2010	Contact - Document Sent Rule & ACT Books
11/16/2010	Inspection Report Requested - Health 1018088
11/16/2010	Application Incomplete Letter Sent Page 3 off app, 1326's for Mary Parsons, Heather Thurlow, Debbie Torrez & Nichole Thurlow and SOS discrepancy for Larry Parsons
11/30/2010	Contact - Document Received Page 3 of app, record clearance for Mary, voter's registration for Larry
12/08/2010	Contact - Document Received TB for Mary
12/08/2010	Inspection Completed-Environmental Health Inspection : A
12/09/2010	Application Incomplete Letter Sent Record clearances for Heather, Debbie & Nichole
12/28/2010	Contact - Document Received Rec cl Charles (Chuck)
01/05/2011	Licensing Unit file referred for criminal history review Larry
01/05/2011	Application Incomplete Letter Sent Update pg 2
01/20/2011	Contact - Document Received Record clearance Lois - completed, app pg 2
01/31/2011	Contact - Document Received Record clearance for Mary, pg. 2 of app
02/01/2011	Application Incomplete Letter Sent Record clearance for Lois - complete
02/18/2011	Application Incomplete Letter Sent Rec cl Chuck Weck

03/24/2011	Application Incomplete Letter Sent
04/13/2011	Application Complete/On-site Needed
04/13/2011	Inspection Completed On-site
04/13/2011	Inspection Completed-BCAL Sub. Compliance
12/02/2011	Contact-Telephone call to Mary Parsons
01/06/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with vinyl siding built on a cement slab. The home is located in a rural neighborhood in Wheeler, Michigan in Gratiot County. There is space for staff and visitor parking in the driveway. The facility has a fireplace and a walk out deck built off of the “family” room of the facility. The deck will be used by residents.

The main level of the facility has a laundry room, a dining area that will seat 6, kitchen, two full bathrooms (including the master bedroom). Residents will use the bathroom in the hallway next to the resident bedrooms.

Bedroom #1	10’11” x 10’ 1”;	110 square feet	(one resident)
Bedroom #2	10’11” x 10’ 1”;	110 square feet	(one resident)
Bedroom #3	160 square feet		(one resident + licensee)

The heat plant and water heater are both located on the same level as the rest of the facility. They are separated by from the remainder of the home by a 20-minute fire-rated door.

The facility has private water and sewage. The Mid Michigan District Health Department inspected the water supply on 12/8/2010 and the facility received an A rating.

B. Program Description

The facility will provide 24 hour-supervision, protection, and personal care for three (3), aged male or female residents. At the time of licensure one of the residents in the facility is the husband of the licensee. The program will include the opportunity to socialize with one another and staff member through board games puzzles, movies and reading. The applicant plans to utilize local community resources including the library and shopping centers to enhance the quality of life and increase the independence of each resident.

Mrs. Parsons is the licensee for this facility. A licensing record clearance was completed with no LEIN convictions recorded for both the applicant and the responsible person. The applicant and responsible person submitted a medical clearance request documenting that no physical or mental health condition exists that would limit their ability to work with or around dependent adults. Current negative TB test results were also obtained for both the applicant and the responsible person.

The applicant has sufficient resources to provide for the care of the residents as evidenced by the projected income from caring for AFC residents.

Mrs. Parson has worked in adult foster care facilities and has been a direct caregiver for her husband who has been ill. Ms. Parsons has served as a guardian and direct care giver for several critically ill adults in the past.

Mrs. Parsons acknowledges the understanding of the requirement that she must reside in the home to maintain this category license type. She also acknowledges an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Ms. Parson reports that all resident and employee files will be kept on site in 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 an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC family home with a capacity of three (3) residents.

Dawn M. Campbell 02/16/2012

Dawn Campbell Date
Licensing Consultant

Approved By:
Gregory V. Corrigan 02/17/2012

Gregory V. Corrigan Date
Area Manager