



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 24, 2012

Barbara Hall
1686 W. Hibbard Road
Owosso, MI 48867

RE: Application #: AS780312607
Countryview C
1668 W. Hibbard Road
Owosso, MI 48867

Dear Barbara Hall:

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,

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Rd.
Flint, MI. 48504
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780312607
Applicant Name:	Barbara Hall
Applicant Address:	1686 W. Hibbard Road Owosso, MI 48867
Applicant Telephone #:	(989) 723-4946
Licensee Designee:	Barbara Hall
Administrator:	Patty Tullar
Name of Facility:	Countryview C
Facility Address:	1668 W. Hibbard Road Owosso, MI 48867
Facility Telephone #:	(989) 723-6577
Application Date:	02/28/2011
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

02/28/2011	Enrollment
03/08/2011	Contact - Document Sent Rules & Act booklets
03/08/2011	Inspection Report Requested - Health Inv. #1018518
11/01/2011	Application Incomplete Letter Sent
11/28/2011	Contact - Telephone call made Spoke with licensee to schedule inspection date.
11/30/2011	Inspection Completed On-site
12/01/2011	Inspection Completed-BCAL Sub. Compliance
02/07/2012	Contact – Document received Received needed paperwork from applicant.
04/23/2012	Contact – Telephone call made Left a voicemail message for applicant
04/23/2012	Contact – Telephone call received Received voicemail message from applicant.
05/03/2012	Contact – Telephone call made Spoke to applicant to schedule on-site inspection.
05/07/2012	Inspection Completed On-site
05/22/2012	Contact – Telephone call made Spoke to applicant about required paperwork that is needed.
05/30/2012	Contact- Documents received Received required documents from applicant
05/31/2012	Inspection Report Requested – Health
06/04/2012	Contact – Telephone call made Spoke to applicant about the need for a new environmental health inspection.
06/19/2012	Environmental Health Report Received- A
07/10/2012	Inspection Completed – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is one of two interconnected facilities (Countryview A and Countryview C) located in a rural area of Owosso Township. In the center of the two facilities is a large commercial kitchen. The building has vinyl siding and sits on a cement slab. It is located at the end of a private paved road and has adequate parking space for staff and visitors.

The main level of the facility consists of a large living room/dining room, large shower room and six single occupancy resident bedrooms. Each resident bedroom has an adjoining half bathroom. Approximately one quarter of the large living room is the dining area with a large dining table. A heated enclosed hallway leads to the commercial kitchen, where all food preparation for the facility will take place.

The resident bedrooms and living areas were measured as follows:

Living Room	12' 2" x 30' 10" = 375 square feet	
Dining Room	14' 6" x 14' = 203 square feet	
Bedroom # 1	15' 3" x 11' 6" = 175 square feet	2 residents
Bedroom # 2	11' 10" x 11' 10" = 140 square feet	2 residents
Bedroom # 3	15' 3" x 11' 6" = 175 square feet	2 residents

The heat plant, which consists of a gas-fired boiler and a hot water heater, is located in a room off the main hallway and is separated from the residents by a fully stopped fire door, which is equipped with positive latching hardware and self-closing device. The facility is equipped with an adequate number of smoke detectors that are located in the kitchen and all living areas. The smoke detectors are all interconnected and hardwired to the facility's electrical system. The facility has an adequate number of fire extinguishers. As of July 17, 2012, the facility is determined to be in substantial compliance with all applicable licensing rules pertaining to fire safety.

The facility utilizes a private water supply and a private sewage disposal system. The Shiawassee County Health Department inspected the facility on 6/19/12 and classified it as an "A" rating. This facility is determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six male and/or female aged residents. The program will provide three home cooked nutritional meals, laundry services, medication supervision, and recreational activities, while continuing to provide assistance with activities of daily living. The facility is

wheelchair accessible. Alarms have been placed on all exits to alert staff members when someone exits/enters the facility.

Barbara Hall is the applicant/licensee and Patty Tullar is the administrator of the facility. A criminal history background check was completed for the applicant and the administrator. They have been determined to be of good moral character. The applicant and administrator submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff 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 training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://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 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to the administrator and

staff or volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or staff or volunteer, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. 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, the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

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 discharge written notice.

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 an accident involving 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 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 that all three AFC licenses on the property have to be run as completely separate and individual licenses.

Applicant Barbara Hall has a considerable amount of experience with AFC licensing rules and requirements as she has twenty-four years' experience as a licensee of three separate small group homes. Administrator Patty Tullar has twenty years' experience as a direct care worker in AFC homes.

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 small group home with a capacity of six (6) residents.



7/24/12

Christopher Holvey
Licensing Consultant

Date

Approved By:



7/24/12

Mary Holton
Area Manager

Date