



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 8, 2012

Daniel Kelsey
Three Oaks AFC LLC
1086 S. AuSable Trail
Grayling, MI 49738

RE: Application #: AS200318736
Three Oaks AFC
1086 S. AuSable Trail
Grayling, MI 49738

Dear Mr. Kelsey:

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,

Kathleen Gutierrez, Licensing Consultant
Bureau of Children and Adult Licensing
711 W Chisholm
Alpena, MI 49707
(989) 464-8723

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS200318736
Applicant Name:	Three Oaks AFC LLC
Applicant Address:	1086S AuSable Trail Grayling, MI 49738
Applicant Telephone #:	(231) 492-2227
Administrator/Licensee Designee:	Daniel Kelsey, Designee
Name of Facility:	Three Oaks AFC
Facility Address:	1086 S. AuSable Trail Grayling, MI 49738
Facility Telephone #:	(231) 492-2227
Application Date:	04/13/2012
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/13/2012	Enrollment
04/24/2012	Application Incomplete Letter Sent
05/25/2012	Application Incomplete Letter Sent
05/29/2012	Inspection Completed-Env. Health : D
07/09/2012	Inspection Completed On-site
07/18/2012	Inspection Report Requested - Health
07/25/2012	Inspection Completed-Env. Health : A
07/25/2012	Application Complete/On-site Needed
08/06/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a one story home in a rural setting about three miles outside of Grayling. The home has a kitchen, dining room, sitting room, living room, six resident bedrooms including one private bedroom, two bathrooms and a furnace room. The home does have one ramp but does not meet qualification for wheelchair accessibility as it does not have two ramps as required.

The furnace and hot water heater are located 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 back-up.

On 07/24/2012 the home was inspected by the District Health Department Number 10 who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8 X 6'9" and 5'9" X 4'9"	81	1
2	8 X 6'9" and 5'9" X 4'9"	81	1
3	8 X 6'9" and 5'9" X 4'9"	81	1
4	8 X 6'9" and 5'9" X 4'9"	81	1
5	8 X 6'9" and 5'9" X 4'9"	81	1
6	9'9" X 6'11" and 4'8" X 7'5"	102	1

The living, dining, and sitting room areas measure a total of 604 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 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 6 male or female ambulatory adults who are aged or who are diagnosed with a mental illness, a developmental disability in the least restrictive environment possible.

The program for the mentally ill and developmentally disabled 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, fitness and activities of daily living.

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 or arrange for 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Three Oaks AFC, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on March 14, 2012. 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 Directors of Three Oaks AFC, L.L.C. has submitted documentation appointing Daniel Kelsey as Licensee Designee for this facility and Administrator of the facility.

A criminal history background check was conducted for the Licensee Designee/Administrator. He has been determined to be of good moral character. The Licensee Designee/Administrator submitted a statement from a physician documenting his good health and current negative TB-tine results.

The applicant has 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 during awake hours and 1 staff –to-6 residents during sleeping hours. Staff may be sleep during sleeping hours.

The applicant acknowledges an understanding of the training suitability 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), 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 good moral character, medical and training 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 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 written discharge 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 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 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.

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).



08/08/2012

Kathleen Gutierrez
Licensing Consultant

Date

Approved By:



08/08/2012

Jerry Hendrick
Area Manager

Date