



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 20, 2011

Diana and Jason Kreiner  
1378 Shadowtree Lane  
Lapeer, MI 48446

RE: Application #:	AF440311310 Shadowtree Lodge 1378 Shadowtree Ln Lapeer, MI 48446
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Dear Mr. and Mrs. Kreiner:

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 effective 09/20/2011 through 03/19/2012.

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 (989) 758-2717.

Sincerely,

Susan Sells, Licensing Consultant  
Bureau of Children and Adult Licensing  
411 E. Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 758-2743

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF440311310
<b>Applicant Name:</b>	Jason and Diana Kreiner
<b>Applicant Address:</b>	1378 Shadowtree Lane Lapeer, MI 48446
<b>Applicant Telephone #:</b>	(810) 660-7525
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Shadowtree Lodge
<b>Facility Address:</b>	1378 Shadowtree Lane Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 660-7525
<b>Application Date:</b>	11/17/2010
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/17/2010	Enrollment
12/13/2010	Application Incomplete Letter Sent
12/16/2010	Inspection Report Requested - Health
03/18/2011	Inspection Completed-Env. Health : A
08/26/2011	Inspection Completed On-site
08/26/2011	Inspection Completed—BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Jason and Diana Kreiner own the home at 1378 Shadowtree Lane, Lapeer, MI. The facility is a large two story, log cabin home with the resident quarters occupying the entire first floor. The design of the home enables residents to enjoy a full living room with a fireplace, a sitting and dining room area as well as a walkout leading directly to a large patio. Residents will have many opportunities for outdoor and indoor recreation and relaxation.

The home consists of four private bedrooms as well as one semi-private bedroom, enabling six residents to live in this facility. The home offers a country-like setting, sitting on several acres of land in a secluded area with beautiful views of woodland and the likelihood of wildlife sightings. The home is tastefully decorated and was recently rebuilt in 2008-2009.

The home is located in the Township of Mayfield, and is minutes away from downtown Lapeer. The home has a private water and sewer system and was determined to be in full compliance by the Lapeer County Health Department on 03/18/2011.

The home is wheel chair accessible, providing large, wood-encased glass doors leading to the outdoors. All of the bedroom windows were designed by a licensed builder to provide safe egress for the residents. The home has an interconnected intercom system, allowing residents to communicate their needs to the licensees whenever necessary.

The furnace and hot water heater are located behind bi-fold doors and were installed and recently inspected by a licensed heating and cooling company. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A fire extinguisher is located in the resident quarters of this AFC home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'1" x 17'10"	233.31	2
2	12'6" x 9'0"	112.50	1
3	10'6" x 10'7"	111.12	1
4	10'8" x 10'7"	112.88	1
5	15'0" x 11'8"	174.99	1

The living, dining, and sitting room areas measure a total of 644.807 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**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged, mentally ill, developmentally disabled, physically handicapped or traumatically brain injured. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills.

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 licensing record clearance request was completed with no LEIN convictions recorded for the applicants or responsible person. The applicants and responsible person submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledge an understanding that one of the requirements of an adult foster care family home is that the licensee resides 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 (6) residents will be the responsibility of the family home applicants, 24 hours a day / 7 days a week with the responsible person on call to provide supervision relief.

The applicants acknowledge an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicants 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.cogentid.com/mi/index](http://www.cogentid.com/mi/index)), Cogent Systems™ (formerly L 1 Identity Solutions®), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicants acknowledge 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 applicants acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensees, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

The applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 applicants have 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 applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicants acknowledge their responsibility to obtain 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 applicants acknowledge 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 adult foster care family home (capacity 6).



09/20/2011

Susan Sells Licensing Consultant	Date
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Approved By:



09/20/2011

Jerry Hendrick Area Manager	Date
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