



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 24, 2013

Melanie White  
Cherry Suite AFC, LLC  
10774 US-31 S  
Williamsburg, MI 49690

RE: Application #: AM050320275  
Cherry Suite  
10774 US-31 S  
Williamsburg, MI 49690

Dear Ms. White:

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 12 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,

Marcia S. Elowsky, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM050320275
<b>Applicant Name:</b>	Cherry Suite AFC, LLC
<b>Applicant Address:</b>	10774 US-31 S Williamsburg, MI 49690
<b>Applicant Telephone #:</b>	(231) 631-1836
<b>Administrator/Licensee Designee:</b>	Melanie White
<b>Name of Facility:</b>	Cherry Suite
<b>Facility Address:</b>	10774 US-31 S Williamsburg, MI 49690
<b>Facility Telephone #:</b>	(231) 631-1836
<b>Application Date:</b>	05/07/2012
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED

## **II. METHODOLOGY**

05/07/2012	Enrollment
05/16/2012	Inspection Report Requested - Fire
06/04/2012	Application Incomplete Letter Sent
08/06/2013	Inspection Report Requested - Health
08/19/2013	Inspection Completed-Env. Health: A
08/27/2013	Inspection Completed-Fire Safety: B
08/30/2013	Inspection Completed On-site
09/16/2013	Inspection Completed-Fire Safety: A
09/24/2013	Inspection Completed-BCAL Full Compliance
09/24/2013	Recommend License Issuance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This facility is a one and a half story home located on US-31 approximately three miles south of Elk Rapids. The facility consists of a living room, dining room, kitchen, pantry, two full bathrooms, two half bathrooms, laundry area, foyer and eight resident bedrooms. The second floor consists of one resident bedroom, one non-resident bedroom and a full bathroom.

The facility is wheelchair accessible and has two approved means of egress at ground level. Only an ambulatory resident shall resided in the bedroom on the second floor.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs.

The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

On August 19, 2013, the facility was inspected by the Health Department of Northwest Michigan who determined that the facility is in substantial compliance with applicable rules pertaining to environmental quality, private water supply and sewage disposal system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'5" x 8' 5'5" x 2'3"	87	1
2	15'9" x 12'6"	196	2
3	16'3" x 10' 11'2" x 3'5"	200	2
4	10'9" x 7' 6'1" x 1'3"	82	1
5	8'5" x 7'4" 6'7" x 3'	81	1
6	8'6" x 8'4" 5'5" x 1'9"	80	1
7	10'2" x 8'6" 3'2" x 1'10"	92	1
8	15'2" x 11'4"	171	2
9	14'2" x 9' 7'6" x 2'7"	146	1

The indoor living and dining areas measure a total of 615 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 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 12 male and female residents who are aged.

Programs for the aged residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including shopping centers, churches and local events. These resources provide an environment to enhance the quality of life of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Cherry Suite AFC, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on March 28, 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 sole member, Melanie White, of Cherry Suite AFC, L.L.C. has submitted documentation appointing Melanie White as licensee designee and administrator of this facility.

A criminal history background check of Ms. White was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. White submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. White has operated this 6-bed facility for the aged population since 08/07/12.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 1 staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of twelve (12).

*Marcia S. Elowsky*

09/24/13

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

9/24/13

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Betsy Montgomery  
Area Manager

Date