



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 5, 2013

Joann Fisher & Lisa Cabada
9959 S. Thornapple Avenue
Newaygo, MI 49327

RE: Application #: AF620344469
Fishers AFC
9959 S. Thornapple Avenue
Newaygo, MI 49327

Dear Joann Fisher & Lisa Cabada:

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 2 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,

Edna E. Albert, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 901-3172

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF620344469
Applicant Name:	Joann Fisher & Lisa Cabada
Applicant Address:	9959 S. Thornapple Avenue Newaygo, MI 49327
Applicant Telephone #:	(231) 652-9201
Administrator/Licensee Designee:	Joann Fisher & Lisa Cabada
Name of Facility:	Fishers AFC
Facility Address:	9959 S. Thornapple Avenue Newaygo, MI 49327
Facility Telephone #:	(231) 652-9201
Application Date:	07/15/2013
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/15/2013	Enrollment
07/18/2013	PSOR on Address Completed
07/18/2013	Contact - Document Sent Rules & Act booklets
07/18/2013	Inspection Report Requested - Health Inv. #1021854
07/18/2013	Licensing Unit file referred for criminal history review Leonard J, RP
07/26/2013	Application Incomplete Letter Sent
08/21/2013	Inspection Completed On-site
08/22/2013	Application Complete/On-site Needed
08/22/2013	Inspection Completed-BCAL Sub. Compliance
08/26/2013	Contact – Document Received Corrective action plan
08/28/2013	Contact – document received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

One of the co-applicants for this facility is currently licensed to operate Fishers AFC AF620068558, located at 1032 E. 88th St., Newaygo, which will close upon the approval of this application.

This facility is a recently built ranch style home located on a large lot in a rural, wooded area in Grant Township in Newaygo County. The main level of the facility includes four bedrooms. One bedroom will be licensed for resident use and the three remaining bedrooms will be occupied by the co-licensees and their family. There is one full bathroom and one ½ bath located on the main floor for resident use. In the center of the facility is an open area that includes the kitchen, dining area, family room, and living room. The home is not wheelchair accessible. The home has a private water and sewage system. An above ground swimming pool is located in the rear of the facility and will only be available for supervised resident use.

The lower level of the facility is divided into two separate areas with two separate access doors. The gas water heater located on one side of the lower level and furnace located on the lower level on the other side of the facility. Each access door to the lower level has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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. Fire extinguishers are installed on each floor of the home.

The resident bedroom was measured during the on-site inspection and has the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.5 x 11 - 5.5 x 3.58	148.5 sq. feet	2

The living, dining, and sitting room areas measure a total of 758 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate 2 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The co-applicants intend to provide 24-hour supervision, protection and personal care to two (2) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment

skills, public safety skills and transportation. The co-applicants intend to accept residents from Newaygo County-DHS, Muskegon County CMH, or private pay individuals, as a referral source.

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 applicant s. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The co-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 co-applicants acknowledge the understanding of the requirement for an adult foster care family home license is that the licensee must reside 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 two (2) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The co-applicants have indicated that for the original license of this 2 bed family home, there is adequate supervision with 1 responsible person on-site -for- 2 residents. The co-applicant acknowledges that the number of responsible persons 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 co-applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The co-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 co-applicant acknowledges 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 co-applicant acknowledges their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The co-applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The co-applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensees, responsible person(s) and volunteer(s).

The co-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 co-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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The co-applicant acknowledges their 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 required to be maintained within each resident's file.

The co-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 residents personal money transactions that have been agreed to be managed by the applicant.

The co-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 co-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 co-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 co-applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The co-applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 2).



09/05/2013

Edna Albert
Licensing Consultant

Date

Approved By:



09/05/2013

Jerry Hendrick
Area Manager

Date

