



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 9, 2013

Kay Thren and Jamie Thren
5806 W Weidman Rd
Weidman, MI 48893

RE: Application #: AF370339361
Thren AFC
5806 W Weidman Rd
Weidman, MI 48893

Dear Kay Thren and Jamie Thren:

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 4 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) 373-2506.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF370339361
Applicant Name:	Kay Thren and Jamie Thren
Applicant Address:	5806 W Weidman Rd Weidman, MI 48893
Applicant Telephone #:	(989) 644-2761
Administrator/Licensee Designee:	N/A
Name of Facility:	Thren AFC
Facility Address:	5806 W Weidman Rd Weidman, MI 48893
Facility Telephone #:	(989) 644-8701 03/29/2013
Application Date:	
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/29/2013	Enrollment
04/05/2013	PSOR on Address Completed
04/05/2013	Inspection Report Requested - Health Inv.1021468.
04/05/2013	Application Incomplete Letter Sent 1326/Jennifer.
04/05/2013	Contact - Document Sent Act&Rules.
04/15/2013	Inspection Completed-Env. Health : A
04/18/2013	Application Complete/On-site Needed
04/18/2013	File Transferred To Field Office Saginaw.
04/25/2013	Contact - Document Received EHI.
04/25/2013	Contact - Document Sent Mt. Pleasant-EHI.
07/16/2013	Contact - Telephone call made Called to schedule inspection. Left message.
08/07/2013	Inspection Completed On-site
08/07/2013	Inspection Completed-BCAL Full Compliance
08/26/2013	Contact – Document Received Physical/TB for responsible person

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home has been licensed to Kay Thren, one of the current applicants, as an Adult Foster Care Family Home, since 2002. The single-store manufactured home was built in 1991 and has a living room (11.8' x 12.8' = 151 sq.ft.), dining room (12.9 x 8' = 103 sq.ft.), kitchen, full bath, multi-purpose area (11.3' x 24.3' = 275 sq.ft.), two bedrooms for the two licensees, and two resident bedrooms. The two resident bedrooms measure 131 sq.ft. (SW) and 135 sq.ft. (SE), each suitable and furnished for two residents. The

living space provided by the dining, living, and multi-purpose areas is more than sufficient for four residents (529 sq.ft.). The home is not wheelchair accessible.

The home is heated by a permanently installed electric panel heating system. The home has a private well and sewage disposal system. Central Michigan District Health Department conducted an inspection of these systems on 4/15/13 and gave full approval of the facility.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Based on the above information, it is concluded that this facility can accommodate four ambulatory male or female (4) residents over the age of 18 years. It is the licensees' responsibility not to exceed the facility's licensed capacity.

B. Program Description

Kay and Jamie Thren intend to continue to provide 24-hour supervision, protection and personal care to the four current residents, whose diagnosis is developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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 applicants 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. 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 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 with a contract for specialized programs from CMH for Central Michigan.

The applicants acknowledge the understanding of the requirement of an adult foster care family home is that the licensees 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 (4) 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 in 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.miltcpartnership.org), 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 licensee, 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 applicant 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 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 applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

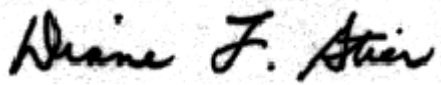
The applicants acknowledge their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicants 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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-4).

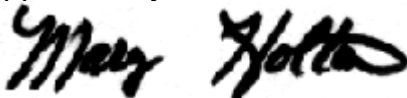


Diane L Stier
Licensing Consultant

September 6, 2013

Date

Approved By:



September 9, 2013

Mary E Holton
Area Manager

Date