



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 21, 2013

Judy Champion and Mark Champion
7109 Murray Rd.
Brown City, MI 48416

RE: Application #:	AF760344542 M & J Family Home 6954 Walter Street Brown City, MI 48416
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Dear Judy Champion and Mark Champion:

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 5 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) 284-9720.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF760344542
Applicant Name:	Judy Champion and Mark Champion
Applicant Address:	7109 Murray Rd. Brown City, MI 48416
Applicant Telephone #:	(810) 346-3311
Administrator/Licensee Designee:	N/A
Name of Facility:	M & J Family Home
Facility Address:	6954 Walter Street Brown City, MI 48416
Facility Telephone #:	(810) 346-3311
Application Date:	07/15/2013
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/15/2013	Enrollment
08/02/2013	Application Incomplete Letter Sent 1326 responsible person, Amy Miller
08/20/2013	Application Incomplete Letter Sent
09/09/2013	Application Complete/On-site Needed
10/10/2013	Inspection Completed-BCAL Sub. Compliance
10/21/2013	Application Incomplete Letter Sent Confirming letter sent
11/06/2013	Inspection Completed On-site
11/08/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

M & J Family Home is located in the city of Brown City, in Sanilac County, Michigan. The facility is a ranch-style home located at 6954 Walter Street, directly off of Main Street. The home is wheelchair-accessible with wheelchair ramps located in the front and rear of the home.

The home contains one full bathroom and two half bathrooms. The full bathroom and one of the half bathrooms is available for resident use, while the other half bathroom will be utilized by the licensees. One of the half bathrooms is located directly off of the multi-occupancy bedroom and will be utilized by the residents who share that bedroom.

The furnace and hot water heater are located in the hallway of the resident's wing of the home. The furnace and hot water heater are enclosed in a separate room and are separated from the rest of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery-powered, single station smoke detectors that have been installed near sleeping areas, in the living room, in the kitchen, and in the hallway near the furnace. A fully operational fire extinguisher is available in the home as well.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
North Northeast	13 x 9'3"	120.25	1
Northeast	10'7" x 9'9"	103.18	1
Southwest	9'10" x 10'7"	104.06	1
Southeast	15'2" x 12'3"	185.79	2

The living and dining room areas measure a total of 534.52 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 **five** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to five ambulatory residents, whose diagnosis is mentally ill, developmentally disabled, aged, Alzheimer's, physically handicapped or traumatically brain injured. The licensees have agreed to accept both male and female residents, ages 18 through 100. 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 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 and savings.

The applicants acknowledge the understanding of the requirement 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 five 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.cogentid.com/mi/index), Cogent Systems™ (formerly L 1 Identity Solutions®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the applicants have 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

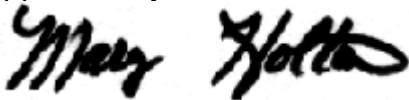
I recommend issuance of a temporary license to this AFC adult family home for five residents.



November 20, 2013

Susan Sells Licensing Consultant	Date
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Approved By:



November 20, 2013

Mary E Holton Area Manager	Date
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