



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

December 17, 2013

Charles Nightingale
54250 Hacker Road
Colon, MI 49040

RE: Application #: AF750350167
Nightingale Home
54250 Hacker Road
Colon, MI 49040

Dear Mr. Nightingale:

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 3 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,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF750350167
Applicant Name:	Charles Nightingale
Applicant Address:	54250 Hacker Road Colon, MI 49040
Applicant Telephone #:	(269) 432-3454
Administrator/Licensee Designee:	N/A
Name of Facility:	Nightingale Home
Facility Address:	54250 Hacker Road Colon, MI 49040
Facility Telephone #:	(269) 432-3454
Application Date:	10/14/2013
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/14/2013	Enrollment
10/16/2013	PSOR on Address Completed
10/17/2013	Contact - Document Sent Rules & Act booklets
10/17/2013	Application Incomplete Letter Sent Record clearances for responsible persons Chris, Martha, & Cathleen
10/24/2013	Contact - Document Received Record clearances for Cathleen, Chris, & Martha
10/25/2013	Application Complete/On-site Needed
10/29/2013	Inspection Report Requested - Health
10/30/2013	Application Incomplete Letter Sent
11/05/2013	Inspection Completed On-site
11/12/2013	Contact - Telephone call received from licensee-med drawer locked, door closed, grab bar installed
11/21/2013	Contact - Telephone call made to sanitarian
12/13/2014	Variance request submitted
12/16/13	Variance request approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home located in a rural area on an unpaved road. All bedrooms and bathrooms are presently located on the main floor. The basement does have living space and a bedroom which are not currently in use. The main floor contains a living room, kitchen, dining room and large family room. It has an attached garage. The master bedroom, occupied by the applicant, contains a bathroom. The facility has two resident bedrooms with a full bathroom shared by residents in the hallway. A fourth bedroom is used as a guest room.

The facility has a private septic system and water supply and was inspected by the Branch/Hillsdale/St. Joseph Health Department on November 8, 2013. While the sewage disposal system was satisfactory, the water supply received a “B” rating with a recommendation for a yearly inspection as the well lacks the proper sanitary seal, venting device and protective casing around the suction pipe. **On December 16, 2013 the BCAL Director granted a variance to AFC family homes administrative rule 400.1424(1) The water supply shall be adequate, of a safe and sanitary quality, and from an approved source. Hot and cold running water under pressure shall be provided. The applicant Charles Nightingale has agreed to obtain yearly water testing at his own expense and submit the results to the licensing consultant.**

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. The facility is equipped with a hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational which exceeds requirements of family home licensing.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	19'x12'	228	2
2	11'x12'	132	1

The living, dining, and sitting room areas measure a total of 608square 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 the 3 residents requested on the application. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

This facility was previously licensed to Charles Nightingale’s wife Mary Ann Nightingale AF750005827 since 1991. Mrs. Nightingale passed away on September 27, 2013 and that license was closed per BCAL policy.

Three individuals have continuously resided at this home since the original license was issued in 1991. Prior to that date they had resided with Mr. & Mrs. Nightingale as a children’s foster home. Once these individuals reached adulthood an adult foster care family license was obtained. These three individuals have resided with the Nightingale’s for most of their lives.

Following the death of Mrs. Nightingale, Mr. Nightingale and the three individuals were insistent that they all wanted to remain together at this location for as long as possible. Mr. Nightingale then submitted his original application.

The applicant(s) intends to provide 24-hour supervision, protection and personal care to these three ambulatory residents, whose diagnosis is developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant does not intend to accept additional residents.

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. Rule/Statutory Violations

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 applicant has 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 his own retirement income.

The applicant acknowledges 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 (3) 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 applicant has indicated that for the original license of this 3 bed family home, there is adequate supervision with 1 responsible person on-site –for- 3 residents. The 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 applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The 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 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 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 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 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 licensee(s), responsible person(s) and volunteer(s).

The 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 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.

The 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 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 resident’s personal money transactions that have been agreed to be managed by the applicant.

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

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Quality of care rules will be evaluated during the six month temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six month temporary license to this adult foster care family home with a capacity of 3.



December 16, 2013

Susan Gamber
Licensing Consultant

Date

Approved By:



December 16, 2013

Jerry Hendrick
Area Manager

Date