



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 14, 2014

Jessica Dunn
13754 Morenci Rd
Morenci, MI 49256

RE: Application #: AF460357078
Caring Dunn Right
13754 Morenci Rd
Morenci, MI 49256

Dear Ms. Dunn:

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 (313) 456-0380.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 260-3583

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF460357078
Licensee Name:	Jessica Dunn
Licensee Address:	13754 Morenci Rd Morenci, MI 49256
Licensee Telephone #:	(517) 605-4514
Administrator/Licensee Designee:	N/A
Name of Facility:	Caring Dunn Right
Facility Address:	13754 Morenci Rd Morenci, MI 49256
Facility Telephone #:	(517) 605-4514 02/10/2014
Application Date:	
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

02/10/2014	On-Line Enrollment
02/12/2014	PSOR on Address Completed
02/12/2014	Contact - Document Sent Rules & Act booklets
02/12/2014	Inspection Report Requested - Health Inv. #1022686
02/12/2014	Application Incomplete Letter Sent Rec cl & FP's for Jessica, and RP
02/12/2014	Application Incomplete Letter Sent Rec cl for Chandras, RP
03/05/2014	Comment FP's for Jessica
03/06/2014	Contact - Document Received Rec cl's for Jessica & Heith
03/17/2014	Contact - Document Received Rec cl for Chandra Bauer
03/18/2014	Application Complete/On-site Needed
03/24/2014	Application Incomplete Letter Sent
04/02/2014	Inspection Report Requested - Health
04/11/2014	Inspection Completed-Env. Health : A Received on 4/15/14.
04/17/2014	Inspection Completed On-site
04/17/2014	Inspection Completed-BCAL Sub. Compliance
05/09/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home situated on 2 acres and is located on a paved highway in the country several miles west of the City of Morenci. The entrance door to the home is located to the left of the driveway and is approached upon several steps leading to a deck. Upon entering the home, to the immediate left is the resident living room, to the right is the dining and kitchen. Continuing on through the entrance area to the back of the home is two resident bedrooms and one bathroom that also has a laundry service. The licensee's private living quarters are located immediately off the kitchen; this is a large area consisting of bedrooms, a large living room and bathroom.

Since this home does not currently have an approved wheelchair ramp, the home cannot serve residents requiring the use of wheelchairs.

The home has a full basement where a propane fueled forced air furnace and electric hot water heater is located. The basement door is equipped with an approved fire rated steel door with an automatic self-closing device and positive latching hardware.

The facility is equipped throughout the premises with a hardwired smoke detection system other than in the basement where a battery operated smoke detector is located. The home also has fire extinguishers located in the basement and upper level.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
West BR	12' x 14' 6"	174 sq. ft.	2
East BR	12' x 10' & 3' x 1'10"	126 sq. ft.	2*

*The applicant requested a variance for the East Bedroom as it did not have the required 130 sq. ft. for 2 residents; on 5/8/14, the variance was approved.

The living and dining areas measure a total of 400 sq. ft. of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 4 residents as requested. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to 4 (male and female) residents who are aged. The program will include social interaction,

assistance with daily living skills as outlined in the resident assessment, and involvement in community programs (i.e.-Morenci Senior Citizens) and church services based upon resident wishes. The applicant intends to accept individuals with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test 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, application self-reporting pertaining to available savings and outside employment resources.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 4 residents will be the responsibility of the family home applicant, 24 hours a day, and seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase 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 acknowledged an understanding of the qualifications and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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) and the related documents required to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 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 retain all of the documents 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 valuable 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.

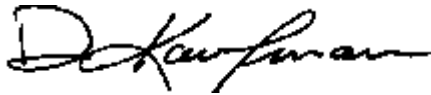
The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents requiring the use of wheelchairs for mobility may not be served in this home as there is no approved wheelchair ramp.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 4 residents).



5/09/2014

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



5/14/2014

Ardra Hunter
Area Manager

Date