



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

April 7, 2014

Cindy Durden  
11595 Clearwater Drive  
Fenton, MI 48430

RE: Application #: AF470345010  
Cindy K. Durden  
11595 Clearwater Drive  
Fenton, MI 48430

Dear Ms. Durden:

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 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,

Christopher Holvey, Licensing Consultant  
Bureau of Children and Adult Licensing  
4809 Clio Road  
Flint, MI 48504  
(517) 899-5659

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF470345010

**Applicant Name:** Cindy Durden

**Applicant Address:** 11595 Clearwater Drive  
Fenton, MI 48430

**Applicant Telephone #:** (810) 458-4054

**Administrator/Licensee Designee:** Cindy Durden

**Name of Facility:** Cindy K. Durden

**Facility Address:** 11595 Clearwater Drive  
Fenton, MI 48430

**Facility Telephone #:** (810) 458-4054  
07/24/2013

**Application Date:**

**Capacity:** 3

**Program Type:** AGED

## II. METHODOLOGY

07/24/2013	Enrollment
07/26/2013	PSOR on Address Completed
07/26/2013	Contact - Document Sent Rules & Act booklets
07/26/2013	Inspection Report Requested - Health Inv. #1021867
07/26/2013	Application Incomplete Letter Sent Record clearance for Mandy D
08/08/2013	Contact - Telephone call received Phone call from Livingston County Health Department - Environmental inspection not required due to Type I commercial well system at mobile home park. Will return EHIR with this so noted.
08/12/2013	Contact - Document Received EHI with note about mobile home park, record clearance for Mandy
08/13/2013	Application Complete/On-site Needed
09/04/2013	Application Incomplete Letter Sent
10/02/2013	Contact - Document Received
12/30/2013	Inspection Completed-BCAL Sub. Compliance
12/30/2014	Application Incomplete Letter Sent
03/05/2014	Contact - Telephone call made Spoke to applicant about progress made toward the corrections needed to the home.
03/05/2014	Contact - Document Sent E-mail sent to and received from Bureau of Fire Services regarding fire door situation for this home.
03/28/2014	Contact - Telephone call received Spoke to applicant to learn that corrections needed to the home had been completed.
03/31/2014	Inspection Completed-BCAL Full Compliance
04/02/2014	Recommend license issuance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Cindy K. Durden is a ranch-style manufactured home located in a mobile home park in Fenton, MI. The main level of the home consists of a living room, dining room, kitchen, two full bathrooms, laundry room, two resident bedrooms and one bedroom that will be utilized by the applicant/licensee of the home. One of the full bathrooms is attached and only accessible through resident bedroom # 1. There is large wooden deck attached to the front entrance of the home. There is a wooden wheelchair ramp located at the back exit/entrance of the home.

The resident bedrooms and all living areas measured as follows:

Living Room	194 square feet	
Dining Room	150 square feet	
Bedroom #1	12' 6" x 12' = 150 square feet	Up to 2 residents
Bedroom #2	10' x 12' 6" = 125 square feet	1 resident
Bedroom #3	10' x 12' 6" = 125 square feet	1 resident

The furnace is located in a small room off the kitchen. The furnace is fully enclosed by  $\frac{3}{4}$  inch thick drywall walls and one of those walls is removable in order to provide access to the furnace. The furnace has both cold and hot air vented out of the roof of the home. The Bureau of Fire Services has confirmed that the furnace being fully enclosed by drywall would provide adequate safety from fire. The electric hot water heater is located in a small room off the laundry room. This room is also fully enclosed by  $\frac{3}{4}$  inch thick drywall. The home is equipped with at least one fire extinguisher. The smoke detectors are battery operated and are located in all sleeping areas, kitchen, and living areas.

The facility has a public water supply and sewage disposal system provided by the mobile home park. The Livingston County Health Department has indicated that an environmental health inspection is not needed due to the mobile home park having both community water and sewage systems.

#### B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to three male and/or female adult residents who are aged, ages 65 and over. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living. The facility is wheelchair accessible. Alarms have been placed on all exits to alert staff members when someone exits/enters the facility.

Cindy Durden is the applicant/licensee of the home. A criminal history background check was completed for the applicant and their responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) resident will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person 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 three (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 training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://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 and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. 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 good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and 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 applicant acknowledges 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 applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file. 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, as well as, the required forms and signatures to be completed for each resident on an annual basis.

The applicant acknowledges 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.

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 discharge written notice.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

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

Cindy Durden has thirty (30) years' of experience working with the aged as a caregiver in nursing homes, licensed AFC homes and providing in-home care. Ms. Durden reports that all resident files will be kept on the facility grounds.

**C. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC family home with a capacity of three (3) residents.




4/7/14

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Christopher Holvey  
Licensing Consultant

Date

Approved By:



4/7/14

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Mary E Holton  
Area Manager

Date