



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

June 18, 2014

Aimee Gregory and Jeffery Shurlow  
3909 S. McGee Road  
Lake City, MI 49651

RE: Application #: AF570359520  
Shur Care AFC  
3909 S. McGee Road  
Lake City, MI 49651

Dear Aimee Gregory and Jeffery Shurlow:

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 (616) 356-0100.

Sincerely,

Bruce A. Messer, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AF570359520  |
| <b>Applicant Name:</b>                  | Aimee Gregory and Jeffery Shurlow  |
| <b>Applicant Address:</b>               | 3909 S. McGee Road<br>Lake City, MI 49651                                  |
| <b>Applicant Telephone #:</b>           | (231) 878-2564   |
| <b>Administrator/Licensee Designee:</b> | N/A  |
| <b>Name of Facility:</b>                | Shur Care AFC  |
| <b>Facility Address:</b>                | 3909 S. McGee Road<br>Lake City, MI 49651                                  |
| <b>Facility Telephone #:</b>            | (231) 878-2564<br>03/17/2014   |
| <b>Application Date:</b>                |  |
| <b>Capacity:</b>                        | 5  |
| <b>Program Type:</b>                    | AGED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>PHYSICALLY HANDICAPPED |

## **II. METHODOLOGY**

|            |   |
|------------|---|
| 03/17/2014 | Enrollment                                |
| 03/21/2014 | Application Incomplete Letter Sent        |
| 04/16/2014 | Inspection Completed-Env. Health : A      |
| 04/24/2014 | Application Incomplete Letter Sent        |
| 04/25/2014 | Contact - Document Sent                   |
| 06/12/2014 | Inspection Completed On-site              |
| 06/16/2014 | Application Complete/On-site Needed       |
| 06/17/2014 | Inspection Completed On-site              |
| 06/17/2014 | Inspection Completed-BCAL Full Compliance |

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The Shur Care Adult Foster Care home is a single story ranch style home located in the rural countryside just a few miles away from the small quiet community of Lake City and beautiful Lake Missaukee. The home consists of five bedrooms which will be utilized by residents, one large master bedroom utilized by the Licensees and one additional bedroom utilized by the Licensee's child. It also has two large living room areas, dining room/kitchen, an office space, and two full bathrooms. The home currently is not equipped with an acceptable wheelchair ramp. The Licensee has indicated that they plan to equip the home with one wheelchair ramp at the front egress door/location within a short period of time.

A gas fired water heater and furnace are located on the first level of the facility. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The smoke detectors have been installed near sleeping areas, in the living room, and in the vicinity of the furnace.

The facility has private water and septic system. An environmental health inspection was conducted on April 16, 2014. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 11'4"X9'9"      | 110                  | 1                   |
| 2         | 9'3"X9'4"       | 86                   | 1                   |
| 3         | 9'8"X9'4"       | 90                   | 1                   |
| 4         | 11'3"X9'4"      | 105                  | 1                   |
| 5         | 12'7"X10'       | 127                  | 1                   |

The living, dining, and sitting room areas measure a total of 670 square feet of living space. This complies with the rule requiring a minimum of 35 square feet per occupant.

Based on the above information, it is concluded that this facility can accommodate **5** 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 5 ambulatory male or female ambulatory adults who are aged or who have a developmental disability, mental illness or are physically handicapped.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the individual plan of service.

Programs for the Physically Handicapped will include will include physical and occupational therapy as prescribed, assistance with activates of daily living and community interaction.

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. Applicant and Responsible Person Qualifications**

A criminal history background check was conducted applicant and responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted a statement 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 outside employment.

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 **5** 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 **5** bed family home, there is adequate supervision with **1** responsible person on-site –for-**5** 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](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. 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 as well as updating and completing those forms and obtaining new signatures 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 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.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity **5**).


 June 18, 2014

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Bruce A. Messer  
Licensing Consultant

Date

Approved By:

 June 18, 2014

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Leon M. Hale  
Area Manager

Date