



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 3, 2014

Carrie Parchmon
528 Superior
Niles, MI 49120

RE: Application #: AF110348948
Friendly Circle
528 Superior
Niles, MI 49120

Dear Ms. Parchmon:

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 6 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,

Karen Hodge, Licensing Consultant
Bureau of Children and Adult Licensing
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110348948
Applicant Name:	Carrie Parchmon
Applicant Address:	528 Superior Niles, MI 49120
Applicant Telephone #:	(269) 684-1117
Administrator/Licensee Designee:	N/A
Name of Facility:	Friendly Circle
Facility Address:	528 Superior Niles, MI 49120-
Facility Telephone #:	(269) 684-1117
Application Date:	09/23/2013
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

09/23/2013	Enrollment
09/25/2013	PSOR on Address Completed
09/25/2013	Contact - Document Sent Rules & Act booklets
09/25/2013	Application Incomplete Letter Sent Rec cl for Carrie & Barb
01/15/2014	Contact - Document Received Rec cl's for Carrie, owner, Antoinette E, RP
01/15/2014	Application Incomplete Letter Sent Self-Cert Stmt for Anointette E.
01/23/2014	Contact - Document Received Self-Cert Stmt for Antoinette E.
01/23/2014	Application Complete/On-site Needed
01/31/2014	Application Incomplete Letter Sent
02/07/2014	Inspection Completed On-site
02/28/2014	Inspection Completed-BCAL Full Compliance
03/03/2014	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Friendly Circle is a two-story wood frame home in the city limits of Niles. The home is in a residential area within close proximity to retail and other businesses. The lower level of the home is the licensed foster care area and contains six private bedrooms and a full bathroom for a capacity of six (6) residents. The lower level has a fully equipped kitchen, a dining area large enough to seat all occupants at the same time, and a common area. The home is not wheelchair accessible. There are two independent means of egress out to ground level. The owner and home operator/licensee has private quarters in the upper level of the home which also has a private kitchen, bathroom and bedrooms. Ms. Parchmon is the only occupant other than residents. The home has municipal water, sewer, and trash service.

The home has two gas-fired forced air furnaces located on the same level as residents. One furnace is located in a room off the kitchen which is fully enclosed with drywall with

appropriate air intake and is equipped with a 1-3/4" solid-core door equipped with an automatic self-closing device and positive latching hardware. The other furnace and the water heater are in the non-resident portion of the home, separated by a 1-3/4" solid-core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home. Ms. Parchmon has a home security system with auditory communication and camera monitoring in common areas so she can communicate with residents while in other areas of the home. Ms. Parchmon allows smoking outside of the home and has an enclosed porch for this purpose.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'3" X 10'6"	88.4	1
2	13'9" X 10'6"	144.4	1
3	8'3" X 10'6"	88.4	1
4	11' X 10'6"	115.5	1
5	7'8" X 13'3"	103.8	1
6	7'8" X 13'3"	103.8	1

The living, dining, and common room areas measure a total of 325.57 square 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 **six (6)** residents. 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 six (6) ambulatory male or female residents, whose diagnosis is mentally ill. The program will include personal care, protection, and 24-hour supervision in addition to room and board. The applicant intends to accept residents from Berrien County DHS and Riverwood Mental Health Authority. Ms. Parchmon is willing to provide transportation to appointments within close proximity. The home is in the service area for public transportation. The current state-rate of payment is accepted.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public library, local entertainment, 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 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 and the applicant indicates she has the financial resources to provide for the operation of the home for a period of three months.

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 six (6) 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 six-bed family home, there is adequate supervision with one responsible person on-site for- six 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 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.

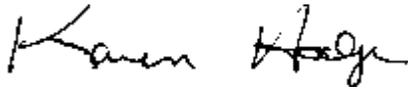
The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

D. Rules or 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 six-month temporary license to this adult foster care family home (capacity 6).



03/03/2014

Karen Hodge
Licensing Consultant

Date

Approved By:



03/03/2014

Jerry Hendrick
Area Manager

Date