



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 25, 2014

Donna Walch
10030 30th Avenue
Remus, MI 49340

RE: Application #: AF540365088
Cedar Crest
10030 30th Avenue
Remus, MI 49340-

Dear Ms. Walch:

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 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,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF540365088
Applicant Name:	Donna Walch
Applicant Address:	10030 30th Avenue Remus, MI 49340
Applicant Telephone #:	(989) 967-8455
Administrator/Licensee Designee:	N/A
Name of Facility:	Cedar Crest
Facility Address:	10030 30th Avenue Remus, MI 49340-
Facility Telephone #:	(989) 560-6403
Application Date:	08/07/2014
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

08/07/2014	Enrollment
08/26/2014	PSOR on Address Completed
08/26/2014	Contact - Document Sent Rules & Act booklets
08/26/2014	Application Incomplete Letter Sent Rec cl for Terri (RP)
08/27/2014	Inspection Report Requested - Health Inv. #1023364
09/02/2014	Contact - Document Received Rec cl for Terri T-W. (RP)
09/02/2014	Application Complete/On-site Needed
09/02/2014	File Transferred To Field Office Sag
09/08/2014	Inspection Completed-Env. Health : A
09/09/2014	Application Incomplete Letter Sent
09/10/2014	Contact - Document Sent Field file received from the Saginaw Office.
11/13/2014	Inspection Completed On-site With consultant Kay Huber
11/19/2014	Contact - Telephone call received
11/24/2014	Inspection Completed On-site
11/24/2014	Inspection Completed-BCAL Full Compliance
11/24/2014	Exit Conference – Applicant

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Cedar Crest is a single-story cedar-log home located one mile north of Remus on M-66, on ten acres. The property is owned by applicant Donna Walch and her husband Eugene Walch, with mortgage. (Mr. Walch is not a member of the household.) The home has private water and septic and received environmental health approval on 9-8-14. This home was previously licensed as an adult foster care group home (AS540080707) and was found to be in substantial compliance with rules pertaining to fire safety at the time of that original licensure. No changes to structure or interior finish have been made since that time. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Detectors are located near each of the two sleeping areas, in the living room, in the furnace room and in the laundry room. The home has ramps located at the east and west exits, and the main (north) entrance is at ground level with an inclined hall inside the home. The home can accept residents who regularly require the use of a wheelchair.

The home has four resident bedrooms located on the north end of the home, a large bathroom with wheelchair-accessible shower, large living room (14.3' x 19'), dining area (11.5' x 19'), kitchen, storage room, furnace room, and half-bath in the middle of the structure, and two resident bedrooms, laundry room, and licensee bedroom and office in the south end of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
N-NW	13.5' x 12'	162 sq.ft.	1
N-NE	13.3' x 12;	160 sq.ft.	1
N- SW	11.75' x 12.75'	150 sq.ft.	1
N – SE	11.8' x 12.75'	150 sq.ft.	1
SW	11' x 11.5'	126 sq.ft.	1
S-SW	11' x 11.5'	126 sq.ft.	1

The living and dining room areas measure a total of 490 square feet of living space. This exceeds the minimum of 35 square feet per resident 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(s) intends to provide 24-hour supervision, protection and personal care to six (6) residents, over 60 years of age. The applicant will provide social activities in the home and through outings, and will utilize local community resources including the senior center, local museums, and shopping centers.

C. Applicant and Responsible Person Qualifications

A criminal history background check was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted 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 savings and the spouse's outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides 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 (6) residents 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 acknowledges an understanding of the qualification 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 her responsibility to 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 the 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 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 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 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 her 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 her 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 handling of resident funds and valuables and intends to comply.

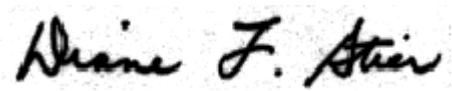
The applicant acknowledges her responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges her 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.

D. Rule/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 temporary license to this adult foster care family home with an approved resident capacity of up to six.



Diane L Stier
Licensing Consultant

November 24, 2014

Date

Approved By:



November 25, 2014

Betsy Montgomery
Area Manager

Date