



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

January 19, 2016

Jill Meeks  
8510 Lake Street  
Port Austin, MI 48467

RE: Application #: AS320379235  
The Questover  
8510 Lake Street  
Port Austin, MI 48467

Dear Ms. Meeks:

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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads 'Kathryn A. Huber'.

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS320379235
<b>Applicant Name:</b>	Jill Meeks
<b>Applicant Address:</b>	8510 Lake Street Port Austin, MI 48467
<b>Applicant Telephone #:</b>	(989) 582-0802
<b>Administrator/Licensee Designee:</b>	Jill Meeks
<b>Name of Facility:</b>	The Questover
<b>Facility Address:</b>	8510 Lake Street Port Austin, MI 48467
<b>Facility Telephone #:</b>	(989) 582-0802
<b>Application Date:</b>	08/20/2015
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

08/20/2015	Enrollment
08/26/2015	Contact - Document Sent Rule & ACT Books
08/26/2015	File Transferred To Field Office Saginaw
09/02/2015	Application Incomplete Letter Sent
12/11/2015	Inspection Completed On-site
12/28/2015	Inspection Completed On-site
12/28/2015	Received documentation of final physical plant requirements
12/28/2015	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Questover is located in the Village of Port Austin, Michigan. It is located in the northern tip of Michigan's thumb in Huron County, within the vicinity of farmland. The facility is a newly constructed one story ranch style home that is attached to Licensee Jill Meek's Victorian style house. The facility is approximately ½ mile from beautiful Lake Huron. The facility has public sewer and water systems.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The Questover is sprinkled and has central air.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 SW	13'2" X 15'3"	200.79 sq. feet	1
#2 SE	13'2" X 15'3"	200.79 sq. feet	1
#3 E	13'2" X 15'3"	200.79 sq. feet	1
#4 W	13'2" X 15'3"	200.79 sq. feet	1
#5NW	12'3" X 15'3"	186.81 sq. feet	1
#6 NE	12'4" X 15'3"	188.08 sq. feet	1

Each resident bedroom has a full bathroom.

The living and dining, and sitting room areas measure a total of 1,190 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**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female aged adults, 60 years and older, in the least restrictive environment possible. The facility is wheelchair accessible and will accept wheelchair users. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from hospitals and nursing homes.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

## **C. Applicant/Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant/administrator. The applicant/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff –to- six residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 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 volunteer 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 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 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 their responsibility to obtain all of 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 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/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 temporary license to this AFC adult small group home (capacity 1-6).



01/19/2016

---

Kathryn A. Huber  
Licensing Consultant

Date

Approved By:



01/19/2016

---

Mary E Holton  
Area Manager

Date