



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

March 28, 2016

Kent Vander Loon
McBride Quality Care Services, Inc.
P. O. Box 387
Mt. Pleasant, MI 48804-0387

RE: Application #: AS590379167
McBride Ferris AFC
5075 Ferris Road
Greenville, MI 48838

Dear Mr. Vander Loon:

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 cursive script that reads "Ronald R. Verhelle".

Ronald R. Verhelle, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS590379167

Applicant Name: McBride Quality Care Services Inc.

Applicant Address: 209 E. Chippewa
Mt. Pleasant, MI 48858

Applicant Telephone #: (989) 772-1261

Administrator/Licensee Designee: Kent Vander Loon

Name of Facility: McBride Ferris AFC

Facility Address: 5075 Ferris Road
Greenville, MI 48838

Facility Telephone #: (616) 255-8916

Application Date: 08/18/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/18/2015	Enrollment
08/21/2015	Inspection Report Requested - Health Inv. #1024674
02/24/2016	Inspection Completed - Onsite Substantial noncompliance.
03/14/2016	Inspection Completed - Onsite Substantial Compliance.
03/15/2016	Contact - Document Received Photographs of window blinds and window well.
03/16/2016	Contact - Document Received Photograph of bathroom shower handrail.
03/16/2016	Contact - Document Received Occupancy Approval
03/23/2016	Inspection Completed - Environmental Health - A Project Approval/Full Compliance.
03/23/2016	Inspection Completed - Onsite Full Compliance
03/28/2016	Comment Recommend License Issuance

A. Physical Description of Facility

The property known as McBride Ferris AFC is situated at 5075 Ferris Rd., Greenville, MI 48838. This property is owned by Kent Vander Loon and leased to McBride Quality Services, Inc. This property is situated in a rural location on a large lot surrounded by several farming operations. This property is new construction and an occupancy permit was signed by Montcalm County Department of Building Safety on March 14, 2016. There is ample parking on the property.

McBride Ferris AFC is a modular home featuring ranch styling and is nicely furnished and decorated. The facility is built on a crawl space. It contains a dining room, family room, living room, kitchen, pantry, laundry room, office, meeting room, 2 full bathrooms, 1 ¾ bathroom, and 6 private bedrooms. This facility is not barrier free and wheelchair user cannot be admitted. The capacity of this facility will enable 6 male and female adults to utilize six street level bedrooms.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NW Bedroom	10' 3" x 7' 10" & 7' 10" x 6' 4"	129.81	1
NE bedroom	10' 2" x 10' 3" & 6' 1" x 1" 8"	115.12	1
W bedroom	10' 3" x 7' 10" & 7' 10" x 6' 4"	129.71	1
S bedroom	14' 3" x 7' 9" & 7' 9" x 2' 4"	129.02	1
SE bedroom	7' 10" x 6" 5" & 10' 3" x 7' 10"	130.49	1
SW bedroom	7' 9" x 6' 5" & 10' 2" x 7' 7"	126.80	1

The living, dining, and sitting room areas measure a total of 1270.45 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.

The facility is air-conditioned and heated with propane. The furnace located in the crawl space with outside access. Two hot water heaters are located in a room with a 1 ¾ inch thick solid core wood door with non-locking-against-egress door hardware and self-closer. The facility is equipped with interconnected hardwired smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational. Approved fire extinguishers have been mounted and emergency evacuation plans have been posted throughout the facility. The Montcalm County Department of Building Safety conducted electrical, plumbing, and mechanical inspections and issued an occupancy permit on March 14, 2016.

The facility utilizes private water and sewage systems. The Mid-Michigan District Health Department determined McBride Ferris AFC to be in full compliance with the Environmental Health Rules for Adult Foster Care Small Group Homes on March 23, 2016.

I determined McBride Ferris AFC to be in full compliance with the Fire Safety Rules and Maintenance of Premises Rules for Adult Foster Care Small Group Homes on March 23, 2016.

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 and female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, with or without physical handicaps in the least restrictive environment possible. 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 Montcalm Care Network.

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 has made provisions 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 and Administrator Qualifications

The applicant is McBride Quality Care Services, Inc., which is a "Non Profit Corporation" was established in Michigan, on February 27, 1989. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no lein convictions recorded for Kent Vander Loon, licensee designee and administrator. Mr. Vander Loon submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

Mr. Vander Loon, licensee designee and administrator, has 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 6-bed facility is adequate and includes a minimum of 2 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

Mr. Vander Loon 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.

Mr. Vander Loon acknowledges 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. Vander Loon 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, Mr. Vander Loon 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.

Mr. Vander Loon acknowledges his 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, Mr. Vander Loon acknowledges his 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.

Mr. Vander Loon acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Vander Loon indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Vander Loon 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. Mr. Vander Loon has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Vander Loon acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Vander Loon acknowledges his 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, Mr. Vander Loon acknowledges his 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.

Mr. Vander Loon acknowledges his 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, Mc Bride Quality Care Services, Inc. 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 small group home (capacity 6).

Ronald R. Verhelle

March 28, 2016

Ronald R. Verhelle
Licensing Consultant

Date

Approved By:

Jerry Hendrick

March 28, 2016

Jerry Hendrick
Area Manager

Date