



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

April 22, 2016

Beth Tidd and Steven Tidd
6355 Pine Lake Road
Delton, MI 49046

RE: Application #: AS080381127
Tidds AFC Home
6355 Pine Lake Road
Delton, MI 49046

Dear Beth Tidd and Steven Tidd:

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,

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS080381127
Applicant Name:	Beth Tidd and Steven Tidd
Applicant Address:	6355 Pine Lake Road Delton, MI 49046
Applicant Telephone #:	(269) 623-3995
Administrator/Licensee Designee:	N/A
Name of Facility:	Tidds AFC Home
Facility Address:	6355 Pine Lake Road Delton, MI 49046
Facility Telephone #:	(269) 623-3995
Application Date:	01/19/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/19/2016	Enrollment
01/22/2016	Inspection Report Requested - Health Inv. #1025285
01/22/2016	Contact - Document Sent Rule & Act booklets
01/22/2016	Application Incomplete Letter Sent
02/12/2016	Inspection Completed- Environmental Health: A
03/04/2016	Contact - Document Received
03/22/2016	Application Incomplete Letter Sent
04/06/2016	Contact – Document Received
04/06/2016	Application Complete/On-site needed
04/13/2016	Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is housed in a two-story building with an attached garage located in a rural area, but within walking distance of Delton, Michigan. Residents will occupy the main floor, which includes four bedrooms, one bathroom, a laundry room, kitchen, and dining room all designated for resident use. There is a second floor that is designated for use by a live-in staff member, and not accessible to residents. There is no basement. The facility is not wheelchair accessible. The facility utilizes a private water supply and sewage disposal system, which was inspected by the Barry Eaton District Health Authority and received an “A” rating on February 3, 2016.

The facility utilizes a gas water heater and boiler, located in a separate room attached to the main floor, and cannot be accessed from inside the home.

The facility is equipped with battery-powered, single-station smoke detectors, which have been installed near sleeping areas, on each occupied floor of the home, and near all flame or heat-producing equipment.

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' 1" x 8' 4"	92	One
2	12' 0" x 8' 4"	100	One
3	20' 7" x 11' 8"	240	Two
4	15' 2" x 12' 0"	182	Two

The indoor living and dining areas measure a total of 571 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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 six male and/or female residents who are aged, mentally ill, or developmentally disabled. The program will include assistance with personal care, grooming, bathing, medication management, exercise, social interaction, development of independent living skills, assistance with involvement in educational or day programs or employment, and assistance with facilitation of transportation. The applicants intend to accept referrals from Barry and Calhoun County Mental Health, Barry County DHS, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicants to utilize local community resources for recreational activities including retail shops, restaurants, the public library, the movie theater, parks, Barry Intermediate School District, Lighthouse on the Lake, and Positive Directions. If appropriate, the applicants intend to assist residents with finding and maintaining employment through Michigan Rehabilitation. The applicants also intend to assist residents increase independence by facilitating use of public transportation, when applicable. There are general medical providers, specialists, and hospitals nearby and accessible to residents. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Administrator Qualifications

The applicants are Beth and Steven Tidd. Mr. and Mrs. Tidd have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. The applicants provided individual credit reports, which indicated their credit is in good standing.

Criminal history background checks of the applicants were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicants submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicants have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Both Beth and Steven Tidd have successfully operated two licensed adult foster care facilities for approximately 20 years in total. Mr. and Mrs. Tidd are high school graduates and have both hands-on direct care and administrative experience working with vulnerable adults as well as training in infection control, first aid, CPR, medication administration, resident rights, reporting requirements, fire safety and prevention, containment of communicable diseases, personal care, food preparation, nutrition, and special diets.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. Because the facility was previously licensed, there are already six residents residing in the facility. The applicants acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicants have indicated that direct care staff will not be awake during sleeping hours.

The applicants acknowledged an understanding of the qualifications, suitability, and training 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 applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicants acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will 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 applicants acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicants acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicants acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicants acknowledge the responsibility to obtain the required 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 an understanding that because the facility was previously licensed, residents are currently living in the facility and the above records are required to be completed immediately upon issuance of the new license. The current residents' new admission date is the effective date of this new license.

The applicants acknowledged the 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 that are required to be maintained within each resident's file.

The applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicants acknowledged 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 applicants acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant (s) indicated the intent to respect and safeguard these resident rights.

The applicants acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicants acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. Recommendation

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six.



4/19/16

Leslie Barner
Licensing Consultant

Date

Approved By:



4/22/16

Betsy Montgomery
Area Manager

Date