



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 16, 2017

Jeromy Brewer
656 E Michigan St
Farwell, MI 48622

RE: Application #: AF180387329
J. Brewer AFC
656 E Michigan St
Farwell, MI 48622

Dear Mr. Brewer:

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 two (2) 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 black ink that reads "Diane L. Stier".

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

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF180387329
Licensee Name:	Jeromy Brewer
Licensee Address:	656 E Michigan St Farwell, MI 48622
Licensee Telephone #:	(989) 289-3371
Administrator/Licensee Designee:	N/A
Name of Facility:	J. Brewer AFC
Facility Address:	656 E Michigan St Farwell, MI 48622
Facility Telephone #:	(989) 289-3371
Application Date:	03/09/2017
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/09/2017	On-Line Enrollment
03/20/2017	PSOR on Address Completed
03/20/2017	Contact - Document Sent Rule & Act booklets
03/20/2017	Application Incomplete Letter Sent Rec cl, FP's, Livescan request for Jeromy; rec cl for Jennifer, & Allen (RP)
04/13/2017	Contact - Telephone call received Jeromy got FP done today and will fax rest.
04/14/2017	File Transferred To Field Office Mt. Pleasant.
04/26/2017	Contact - Document Received Proof of ownership/purchase
04/28/2017	Inspection Completed On-site Initial
06/07/2017	Inspection Completed On-site
06/07/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

J. Brewer AFC is a newer home located in Farwell, Michigan, in Clare County. The applicant, Jeromy Brewer, has signed a purchase agreement with the current owners of the home, Margaret and Allen Brewer (the applicant's parents). The home is located on a quiet side street and is accessed by a long, paved driveway.

The main entrance of the home is in the living area, with the dining and kitchen areas adjacent in an open floor plan. A bathroom is located between the living room and a side entrance to the home. The resident bedroom, a full bathroom and family quarters are all located down a hallway off the common area. At the current time, the applicant has one bedroom open to AFC residents. The home is not accessible to persons in wheelchairs at this time.

The home uses city water and sewer. A natural gas-fueled, forced-air furnace heats the home. The furnace and hot water heater are located in the basement in a fully-enclosed one-hour fire-rated furnace room with a 20-minute fire-rated door (equivalent to a 1-3/4 inch solid core door) equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which is fully operational, installed in all required areas.

The resident bedroom was measured during the on-site inspection and has the following dimensions: 12.6' x 11.6' = 146 sq. ft. This bedroom can accommodate two residents.

The living (20.5' x 17' = 348 sq. ft.) and dining (13.9' x 10' = 139 sq. ft.) provide a total of 487 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 **two (2) ambulatory** 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 two (2) ambulatory males between 20 and 50 years of age, whose diagnosis is developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, 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 convictions recorded for the applicant Jeromy Brewer. The applicant and responsible person Allen Brewer 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 along with outside employment and savings.

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 two 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), 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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their 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 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 handling of resident funds and valuables and intends to comply.

The applicant acknowledges their 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 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

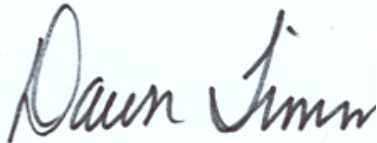
I recommend issuance of a temporary license to this adult foster care family home (capacity 1-2).



Diane L Stier
Licensing Consultant

June 7, 2017
Date

Approved By:



06/16/2017

Dawn N. Timm
Area Manager

Date