



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 12, 2018

Sandra Montgomery  
4900 Vacationland Dr.  
Gaylord, MI 49735

RE: Application #: AF690393866  
Montgomery's  
4900 Vacationland Dr.  
Gaylord, MI 49735

Dear Ms. Montgomery:

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 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF690393866
<b>Licensee Name:</b>	Sandra Montgomery
<b>Licensee Address:</b>	4900 Vacationland Dr. Gaylord, MI 49735
<b>Licensee Telephone #:</b>	(989) 732-0536
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Montgomery's
<b>Facility Address:</b>	4900 Vacationland Dr. Gaylord, MI 49735
<b>Facility Telephone #:</b>	(989) 732-0536
<b>Application Date:</b>	04/28/2018
<b>Capacity:</b>	2
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/28/2018 On-Line Enrollment

04/30/2018 Inspection Report Requested - Health

05/07/2018 Inspection Completed-Env. Health: A

05/24/2018 Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This home is a two-story home with an attached garage. The home is located in a rural area approximately 6 miles west of Gaylord. The home consists of a living room, dining room, sun room, kitchen, office, one resident bedroom and a full bathroom on the first floor. The second floor consist of three non-resident bedrooms and a full bathroom. The home is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. Battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the basement near the furnace.

The facility has private water and septic system. An environmental health inspection was conducted on May 7, 2018. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'5" x 11'8" 7'10" x 5	217	2

The living, dining, and sun room areas measure a total of 492 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate two (2) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to two (2) ambulatory male or female ambulatory adults who are who have a developmental disability or mental illness.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the Developmentally Disabled will include assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the individual plan of service.

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 this facility to utilize local community resources, shopping centers, churches, restaurants, local parks and community events. 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 criminal history background check was conducted applicant and responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted a statement 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.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside 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 (2) residents will be the responsibility of the family home applicant, 24 hours a day / 7 day a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this two bed family home, there is adequate supervision with one responsible person on-site for two residents. The applicant acknowledges that the number of responsible persons on-site –to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability 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](http://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 their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 their responsibility to obtain the required written assessment, 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 their 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 required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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 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.

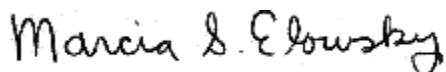
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rules or 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 family home (capacity 2).



06/12/2018

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Marcia S. Elowsky, Licensing Consultant      Date

Approved By:



06/12/2018

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Jerry Hendrick, Area Manager      Date