



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 7, 2018

Cynthia Salmons  
25310 McKenzie Street  
Dowagiac, MI 49047

RE: Application #: AF140391699  
**Salmons VA Medical Foster Home**  
**25310 McKenzie Street**  
**Dowagiac, MI 49047**

Dear Ms. Salmons:

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 3 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 'Cathy Cushman'.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF140391699
<b>Licensee Name:</b>	Cynthia Salmons
<b>Licensee Address:</b>	25310 McKenzie Street Dowagiac, MI 49047
<b>Licensee Telephone #:</b>	(269) 462-2149
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Salmons VA Medical Foster Home
<b>Facility Address:</b>	25310 McKenzie Street Dowagiac, MI 49047
<b>Facility Telephone #:</b>	(269) 462-2149
<b>Application Date:</b>	12/11/2017
<b>Capacity:</b>	3
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODOLOGY

12/11/2017	On-Line Enrollment
12/13/2017	Inspection Report Requested - Health 1027752
12/13/2017	Contact - Document Sent Rule & ACT Books
12/13/2017	Lic. Unit file referred for background check review
01/09/2018	Inspection Completed-Env. Health: A
01/22/2018	Contact - Document Received Received house rules, program statement and record clearance requests, and TB test results for licensee.
02/07/2018	Contact - Document Received 1326/Fingerprint/RI 030 for Cynthia Salmons and 1326's for Maelene Salmons, William Salmons & Ryan Reckers
02/07/2018	PSOR on Address Completed
02/07/2018	Lic. Unit file referred for background check review PSOR Address Hit
02/07/2018	File Transferred to Field Office Lansing
02/12/2018	Application Incomplete Letter Sent
03/12/2018	Contact - Document Received licensee sent via email permission to inspect home, proof of ownership and medical clearances. Scheduled onsite for 03/16/18.
03/16/2018	Inspection Completed-BCAL Sub-Compliance
08/29/2018	Inspection Completed On-site
08/29/2018	Inspection Completed-BCAL Sub. Compliance
08/30/2018	Contact - Document Received Received verification that ceiling tiles in basement are Class A fire rating.
09/04/2018	Contact - Document Received

09/04/2018

Received current medical clearance for licensee and verification (pictures) that heating vent covers were properly put on base heat.

Inspection Completed- BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Salmons VA Medical Foster Home is a four-bedroom, tri-level style home located on over 6 acres of land in rural Dowagiac. The facility is not wheelchair accessible. On the main floor of the home is the kitchen, dining room and living room. The kitchen has direct access to the garage and off the dining room there is direct access to the backyard through sliding doors. The dining room leads to the basement of the facility, which is only down a half flight of stairs. The basement houses the laundry room and a large pantry. Ceiling tiles were observed in the basement; however, the licensee provided documentation the tiles have a Class A fire rating. There is also a gas fireplace in the basement of the home; however, it is in good working condition and is not utilized as a main source of heat for the home. The basement also leads to a second basement.

From the living room, there is another half a flight of stairs that leads to all four bedrooms in the facility and the facility's main bathroom. Three of out the four bedrooms are resident rooms and the fourth bedroom is a nonresident bedroom, which is where the licensee's father sleeps.

The licensee is currently sleeping in a tiny home like structure on the property, which has the same address as the main home. This structure is directly next to the main home and easily accessible. The licensee spends the majority of her time in the main home, but does have telephone access in the tiny home structure in case she needs to be reached immediately. She reported that once her father passes away, she will begin living in their bedroom.

The home utilizes electric baseboard heat; therefore, there is no furnace utilized in the home. The electric hot water heater is located in the second basement of the home. Since electricity is utilized to heat the home, there is no need for floor separation. The home also utilizes a private water supply and sewage disposal system, which received full approval from the Environmental Health Department on 01/09/2018.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The fire alarms are located in the home's living room, one in each occupied bedroom, one in the hallway of the upstairs, one in the basement and one in the family room.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	(11.5 ft x 8.96 ft) + (3.72 ft x 2.38 ft)	111.89 ft	1
2	11.35 ft x 9.76 ft	110.78 ft	1

3	(10.89 ft x 9.36 ft) + (4.98 ft x 2.16 ft)	112.69 ft	1
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The indoor living and dining areas measure a total of 855.04 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 3 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 3 male residents who are aged or who have Alzheimer's Disease and are connected to the Veteran's Administration. The program will include opportunities for social interaction and recreational activities by utilizing local community resources such as attending local festivals, shopping, attending church and various church functions, and participating in family holiday events. The facility also has a variety of board games for the residents, opportunities to participate and play cards, walk the facility's property and play yard games. These resources provide an environment to enhance the quality of life and increase the independence of residents.

The facility addresses resident's personal hygiene, personal development, public safety and independent living skills. Transportation is assured by the facility. The applicant intends to accept referrals from Veterans Administration or residents with private sources for payment. The facility also has regular communication with the Veterans Administration's social worker who visits the home several times per year or as needed.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

## **C. Applicant and Responsible Person Qualifications**

Criminal history background checks of the applicant Cynthia Salmons and responsible person Ryan Reckers were completed, and each was determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has extensive experience working with residents in adult foster care. While growing up, her parents were foster parents for children and then transitioned to adults. She became a home health aid for hospice in 2010 and then started working at her parent's AFC in 2014. Since working at her parent's AFC, she assists in all aspects such as administering medications, programming events, outings, and activities, and assisting residents with daily care, when needed.

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.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 3 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualifications and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant 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 acknowledged 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 acknowledged 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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(s).

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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

**C. Rules or 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 family home with a capacity of 3.



09/05/2018

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



09/07/2018

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Dawn N. Timm  
Area Manager

Date