



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 24, 2018

Sheryl Johnson
4320 Carter Rd
Stockbridge, MI 49285

RE: Application #: AF330392170
Sand Creek Care Home
4412 Adams Road
Stockbridge, MI 49285

Dear Ms. Johnson:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF330392170
Applicant Name:	Sheryl Johnson
Applicant Address:	4320 Carter Rd Stockbridge, MI 49285
Applicant Telephone #:	(517) 851-4663
Licensee:	Sheryl Johnson
Administrator:	N/A
Name of Facility:	Sand Creek Care Home
Facility Address:	4412 Adams Road Stockbridge, MI 49285
Facility Telephone #:	(517) 851-4663
Application Date:	01/17/2018
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/17/2018	Enrollment Online enrollment
01/19/2018	PSOR on Address Completed
01/19/2018	Inspection Report Requested - Health Inv. #1027859
01/19/2018	Contact - Document Sent Rule & Act booklets
01/19/2018	Application Incomplete Letter Sent App - corrected; rec cl's for Sheryl (app) & Edward (RP)
01/22/2018	Contact - Document Received App - Corrected; rec cl's for Sheryl (LD) & Edward (RP)
01/22/2018	Lic. Unit file referred for background check review Edward
01/23/2018	Application Incomplete Letter Sent
01/29/2018	Technical Assistance Regarding items needed on the Application Incomplete Letter.
02/13/2018	Inspection Completed-Env. Health : A
03/15/2018	Inspection Completed On-site
03/15/2018	Inspection Completed-BCAL Sub. Compliance
04/03/2018	Corrective Action Plan Received
04/03/2018	CAP Compliance Verification

04/13/2018	Corrective Action Plan Approved
05/18/2018	Application Complete/On-site Needed
05/18/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sand Creek Care Home is a bi-level home located in the rural township of Stockbridge in Ingham County Michigan. Sand Creek Care home is outside the village limits and had a population of 1,218 at the 2010 census. Stockbridge offers restaurants, a bank, post office, library and a variety of churches available to residents in Stockbridge, Michigan. The facility is located on a 5-acres and sits approximately 200 hundred feet back off the road. In the back of the facility the residents can enjoy sitting on a 15'x12' deck, which is located off the kitchen through a sliding glass door, to watch for deer, birds and other wildlife. The home has a creek about 400 feet from the house which is reported to be ankle deep at its deepest and dries up in the summer. The home has 2 independent sheds and a horse run with connected shed which houses three horses. The residents will not have access to the horses for riding.

The bi-level home has 3 bedrooms, 2 full bathrooms, 2 living rooms, a dining area, kitchen, office and laundry room. The lower level which walks out into the back yard contains 1 resident bedroom, 1 vacant bedroom, the laundry room, a family room with a pellet stove and a door that exits the home. The upper lever contains 1 bedroom, an office, a kitchen, dining area and family room. The home is not wheelchair accessible. The facility has ample parking for the members of household and resident guests. The home utilizes private water supply and private sewage disposal system. This facility was inspected by the Mid-Michigan Health Department on 02/13/2018 and was in substantial compliance with applicable rules.

The home is equipped with one propane furnace and a water heater, both of which are located in the lower level of the home in the laundry room. This room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician, inspected in 2000, when the home was built, and is fully operational. Single-station smoke detectors have been

installed near sleeping areas, on each 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	15.6'x 11.95'	186.42	2
Living Room (LL)	23.4' x 13.9'	325.26	0
Living Room (UL)	24'x 15.5'	372	0
Kitchen	11' x 11.62'	127.82	0
Dining Room	14.61' x 11.62'	169.77	0

The indoor living and dining areas measure a total of 2000 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 two (2) male residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant Sheryl Johnson intends to provide 24-hour supervision, protection and personal care to two (2) male residents who are mentally ill and/or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; and transportation. The applicant intends to accept referrals from Community Mental Health, Veterans Administration, Tri County Office on Aging or residents with private sources for payment.

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.

In addition to the above program elements, it is the intent of the applicant Sheryl Johnson to utilize local community resources for recreational activities including the public library, shopping centers, churches, movie theater, bowling alley, taking walks, and going to the county fair. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant Sheryl Johnson and responsible persons Edward Johnson and Carolyn Marcum were completed, and they were determined to be of good moral character to provide licensed adult foster care. The

applicant, Sheryl Johnson and responsible persons Edward Johnson and Carolyn Marcum submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant, Sheryl Johnson 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, Sheryl Johnson 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 two (2) male residents will be the responsibility of the family home applicant, Sheryl Johnson, 24 hours a day, seven days a week. A responsible person will be on call in an emergency for up to 72 hours.

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

The applicant, Sheryl Johnson, 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) and the related documents required to demonstrate compliance.

The applicant, Sheryl Johnson, acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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, Sheryl Johnson, 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, Sheryl Johnson acknowledged the 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, Sheryl Johnson, 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, Sheryl Johnson, 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.

The applicant, Sheryl Johnson, 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, Sheryl Johnson, 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.

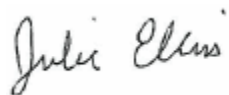
The applicant, Sheryl Johnson, acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. 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 temporary license to this AFC adult family home (capacity 2 male residents).



05/18/2018

Julie Elkins
Licensing Consultant

Date

Approved By:



05/24/2018

Dawn N. Timm
Area Manager

Date