



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 19, 2019

Kent VanderLoon
McBride Quality Care Services, Inc.
P.O. Box 387
Mt. Pleasant, MI 48804-0387

RE: Application #: AS590395849
McBride Breezy AFC Home
9020 Neff Road
Edmore, MI 48829

Dear Mr. VanderLoon:

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,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS590395849

Applicant Name: McBride Quality Care Services, Inc.

Applicant Address: 209 E. Chippewa
Mt. Pleasant, MI 48858

Applicant Telephone #: (989) 772-1261

Administrator: Kent VanderLoon

Licensee Designee: Kent VanderLoon

Name of Facility: McBride Breezy AFC Home

Facility Address: 9020 Neff Road
Edmore, MI 48829

Facility Telephone #: (989) 268-5690
08/13/2018

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

08/13/2018	Enrollment Online enrollment
08/20/2018	Inspection Report Requested - Health Inv. #1028611
08/20/2018	Contact - Document Sent Rule & Act booklets
08/20/2018	Application Incomplete Letter Sent IRS ltr
08/20/2018	Contact - Document Received IRS ltr
09/04/2018	Inspection Completed-Env. Health : D
09/10/2018	Application Incomplete Letter Sent
02/25/2019	Inspection Completed-Env. Health : A
03/04/2019	Inspection Completed On-site
03/04/2019	Inspection Completed-BCAL Full Compliance
03/04/2019	Application Complete/On-site Needed
03/04/2019	SC-Application Received - Original
03/04/2019	SC-Inspection Completed On-Site
03/04/2019	SC-Inspection Full Compliance

03/04/2019	SC-ORR Response Requested
03/04/2019	SC-ORR Response Received-Approval Currently contracted with MCN and will continue contract. Contract is in compliance per Angela Loiselle, MCN-ORR.
03/04/2019	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story, vinyl sided, ranch style residence on a full basement located on over two acres of land in rural Edmore, Michigan. The main floor consists of dine-in kitchen, two living rooms, six single occupancy bedrooms, two full bathrooms, (one with a bathtub and one with a walk-in shower) and the laundry room is in a bathroom. The basement will not be used by the residents. This facility is not wheelchair accessible at this time. The facility has two means of egress out of the home from the main floor. The facility utilizes private water supply and private sewage disposal system. The systems were inspected and approved on 02/25/2019 by Mid-Michigan Health Department.

The facility uses propane forced air furnace and has central air conditioning. The furnace was inspected by a licensed inspector on 03/18/2019 and was found to be in good working condition. The furnace, hot water heater and water softener are in the locked basement in a room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility also has a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware at the bottom of the staircase leading to the upstairs.

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, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Rooms	Room Dimensions	Total Square Footage	Total Resident Beds
Living Room #1	19'3" sq. ft X 17'4" sq. ft.	335.82 sq. ft.	0

Living Room #2	21'1" sq. ft X 10'11" sq. ft.	213.32 sq. ft.	0
Bedroom #1	11'10" sq. ft X 10'3" sq. ft.	114.3 sq. ft	1
Bedroom #2	12'7" sq. ft X 10'3" sq. ft.	130.81 sq. ft	1
Bedroom #3	12'4" sq. ft X 12'1" sq. ft.	150 sq. ft	1
Bedroom #4	11'13" sq. ft X 9'4" sq. ft.	106.2 sq. ft	1
Bedroom #5	11' sq. ft X 10'6" sq. ft.	116.6 sq. ft.	1
Bedroom #6	11' sq. ft X 10' sq. ft.	110 sq. ft.	1

The indoor living and dining areas measure a total of 549.14 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 6 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 six 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; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from CMH.

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 applicant to utilize local community resources for recreational activities in Edmore Michigan which is about two miles from the facility and Mt. Pleasant which is about 25 miles from the facility. The activities include, but are not limited to; local community events, parades, fairs, day program, fishing, working, going to the movies, going out for meals, day trips, programs through the public schools and library, shopping centers, and local churches. These resources provide an environment to enhance the quality of life and increase the independence of the residents.

C. Applicant and Administrator Qualifications

The applicant is McBride Quality Care Services, Inc., a “Non-Profit Corporation”, established in Michigan on 10/09/1989. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of McBride Quality Care Services, Inc. has submitted documentation appointing Kent VanderLoon as licensee designee for this facility and Kent VanderLoon as the administrator of the facility.

Criminal history background checks of Kent VanderLoon were completed, and he was determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. VanderLoon has been employed with McBride Quality Care Services, Inc. for 32 years and currently is the Licensee Designee for 26 facilities. He is fully trained in the required AFC trainings.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be changed 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 applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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 applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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 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 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 applicant 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 applicant 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 applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care facility.

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 follow the retention schedule for all of the documents that are 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.

The applicant 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 indicated the intent to respect and safeguard these resident rights.

The applicant 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 applicant 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 temporary license to this AFC adult small group home capacity of six residents.

Bridget Vermeesch

03/15/2019

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

03/19/2019

Dawn N. Timm
Area Manager

Date