



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 14, 2019

Cynthia and Eugene Moore
20125 E. Michigan Ave
Marshall, MI 49068

RE: Application #: AF130396803
Sunny Side Senior Care
20125 E. Michigan Ave
Marshall, MI 49068

Dear Cynthia and Eugene Moore:

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 six 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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF130396803
Licensee Name:	Cynthia and Eugene Moore
Licensee Address:	20125 E. Michigan Ave Marshall, MI 49068
Licensee Telephone #:	(269) 579-3173
Administrator/Licensee Designee:	N/A
Name of Facility:	Sunny Side Senior Care
Facility Address:	20125 E. Michigan Ave Marshall, MI 49068
Facility Telephone #:	(269) 579-3173
Application Date:	10/16/2018
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

10/16/2018	On-Line Enrollment
10/17/2018	Inspection Report Requested - Health 1028796
10/17/2018	Application Incomplete Letter Sent 1326's for Cynthia & Eugene and AFC 100 for Responsible Persons
11/01/2018	Contact - Document Received 1326's for Cynthia & Eugene Moore and AFC 100s for Responsible Persons Karen Brubaker & Teresa Mitchell
11/01/2018	File Transferred To Field Office Lansing
11/05/2018	Application Incomplete Letter Sent
11/13/2018	Inspection Completed-Env. Health : A
11/15/2018	Contact- Telephone call made Telephone contact with Ms. Moore discussing required documentation.
11/29/2018	Contact- Telephone call made Scheduled original inspection with Ms. Moore.
12/07/2018	Inspection Completed BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sunny Side Senior Care is a single-story wood frame house with a finished walkout basement and detached garage. It is in a rural area outside of Marshall, MI at 20125 E. Michigan Ave. There are several restaurants located within three miles of the home. There are two local parks within two miles of the home. The home is located three miles from Oaklawn Hospital in Marshall, MI.

Residents will occupy the 1st floor area only; the licensee's living quarters are in the basement, but no one is currently residing there. The resident area includes 6 private bedrooms, 3 bathrooms, living room, dining room, sitting area and kitchen. There is also a laundry room and staff office on the 1st floor. The facility is wheelchair accessible as it has 2 means of egress for wheelchairs from the 1st floor. There is also an in-ground

fenced pool in the back yard with access through the walkout basement. The licensee's living area is located in the basement. The basement will not be used by residents.

The facility has private water and septic systems. An Environmental Health Report completed by the Calhoun Co. Health Department on 11/13/2018 indicated the facility is in substantial compliance with applicable rules. The facility has two gas fired furnaces and a water heater located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'10"x10'2"	141'	1
2	13'10"x 10'2"	141'	1
3	13'9"x 11'6"	158'	1
4	13'9" x 13'4"	183'	1
5	12' x 11'6"	138'	1
6	12' x 13'5"	161'	1

The dining area alone measures a total of 313 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 six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to four male and/or female residents who are aged. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, as well as an opportunity for involvement in educational or day programs and/or employment. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through local agencies.

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 to do daily in-home activities and have volunteers (such as a local choir) provide entertainment to the residents. These resources provide an environment to enhance quality of life and increase the independence of residents. The facility does not provide transportation.

C. Applicant and Responsible Person Qualifications

The applicants, Ms. Cynthia Moore and Mr. Eugene Moore, are approved to provide care to the and aged population. Ms. Moore and Mr. Moore have spent over 20 years providing care to aged individuals in both a group adult foster care home and family home setting. Ms. Moore and Mr. Moore successfully operated an adult foster care family home at a previous address from 2016 to 2018.

Criminal history background checks of the applicants and responsible persons were completed. All individuals were determined to be of good moral character to provide licensed adult foster care. The applicants and Responsible Person submitted statements from a physician documenting their good health and current negative tuberculosis test 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 in addition to outside sources of income.

The applicants 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 six 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 qualification 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) and the related documents required to demonstrate compliance.

The applicant 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 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.

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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.

Cassandra Duursma

12/12/2018

Cassandra Duursma
Licensing Consultant

Approved By:

Dawn Timm

01/14/2019

Dawn N. Timm
Area Manager

Date