



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 9, 2019

Megan Durst
5665 Sutton Rd
Dryden, MI 48428

RE: Application #: AF440398070
Stepping Stone Cove
5665 Sutton Rd
Dryden, MI 48428

Dear Mr./Ms. Durst:

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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF440398070
Licensee Name:	Megan Durst
Licensee Address:	5665 Sutton Rd Dryden, MI 48428
Licensee Telephone #:	(810) 441-0736
Name of Facility:	Stepping Stone Cove
Facility Address:	5665 Sutton Rd Dryden, MI 48428
Facility Telephone #:	(810) 441-0736
Application Date:	01/23/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/23/2019	On-Line Enrollment
01/23/2019	Contact - Document Received 1326 for Megan, Linda and Kyle
01/24/2019	PSOR on Address Completed
01/24/2019	Inspection Report Requested - Health
01/24/2019	Contact - Document Sent Rule & Act booklets
01/24/2019	Contact - Document Received RI-030 form
01/26/2019	Inspection Completed-Env. Health : A
05/01/2019	Application Complete/On-site Needed
05/09/2019	Inspection Completed On-site
05/09/2019	Inspection Completed-BCAL Full Compliance
05/09/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story building, located in a rural area in Dryden, MI. This facility is located within a short drive to numerous community businesses and resources. This facility is owned by Megan Durst, the applicant.

There are two (2) furnaces and a hot water heaters located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware creating floor separation. The basement is constructed of material that has a 1-hour-fire-resistance rating. The furnaces and hot water heaters were inspected on approved on 5/9/19. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. There are two laundry rooms located on the main floor of the home.

The facility utilizes a private well for the water source and a private septic system. An environmental health inspection was completed on 1/26/19 with an “A” rating. There are two resident bedrooms located on the second level of this facility with one full bathroom for resident use. Ms. Durst’s living quarters are also located on the second level with a private full bathroom. There are four (4) bedrooms on the ground level of this facility for resident use with two full bathrooms available for resident use. The bedrooms are as follows;

Bedroom #	Total Sq. Ft.	Resident Beds
Second floor		
1	127 sq. ft	1
2	140 sq. ft.	1
Ground floor		
3	128 sq. ft.	1
4	110 sq. ft.	1
5	440 sq. ft.	1
6	153 sq. ft.	1

This facility contains a full kitchen and dining area for residents to entertain friends and family measuring 221 sq. ft. The main living room of this facility measures 182 sq. ft. with an additional small sitting area measuring 160 sq. ft. and a television and game room measuring 196 sq. ft. This facility contains two laundry rooms on the ground level adequate to meet the needs of six residents.

Compliance with Rule 400.15410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width. This facility is not wheel chair accessible.

The bedrooms have the proper means of egress as required by R 400.15408. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Megan Durst, submitted a copy of the required documentation. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults, age 30 or older, whose diagnosis is aged, physically handicapped, and developmentally disabled in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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, and the responsible agency.

In addition to the above program elements, the facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

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.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative family home rules.

The applicant acknowledges an understanding of the training and qualification 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 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), L-1 Identity Solutions™ (formerly Identix®), 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule and Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 1-6).



5/9/19

Kent W Gieselman
Licensing Consultant

Date

Approved By:



5/9/19

Mary E Holton
Area Manager

Date