



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 3, 2019

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

RE: Application #: AS540395850  
**McBride #6 Barryton AFC**  
**20558 30th Avenue**  
**Barryton, MI 49305**

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 black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS540395850

**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 #6 Barryton AFC

**Facility Address:** 20558 30th Avenue  
Barryton, MI 49305

**Facility Telephone #:** (989) 382-7061

**Application Date:** 08/13/2018

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

08/13/2018	Enrollment Online enrollment
08/20/2018	Inspection Report Requested - Health
08/20/2018	Contact - Document Sent Rule & Act booklets
08/20/2018	Application Incomplete Letter Sent
08/20/2018	Contact - Document Received
09/10/2018	Application Incomplete Letter Sent
09/25/2018	Inspection Completed-Env. Health : A
12/13/2018	Contact - Telephone call received Update on progress from licensee. New drain field required and in progress.
04/04/2019	Contact - Document Received Email from LD requesting inspection week of 4/22/19
04/24/2019	Inspection Completed On-site Initial inspection. Still need occupancy permit and LD's medical/TB.
04/24/2019	Application Complete/On-site Needed
04/25/2019	Contact - Document Received Medical for Kent and other documents required.
05/02/2019	Inspection Completed-BCAL Full Compliance Onsite completed on 4/24; documentation of compliance received photos.

## **A. Physical Description of Facility**

McBride #6 Barryton AFC is a modified two-story ranch home with a large attached recreation room located in a rural area north of Barryton, Michigan on M-66. The building housed a commercial enterprise and was remodeled by the licensee. The ground floor has four resident bedrooms, a full bath with wheelchair-accessible shower, a second bathroom with laundry, large living room, sitting and dining area, kitchen, and mechanical room. The second floor has two bedrooms and a full bath. (At the time of licensure, the second-floor bedrooms will not be used for residents but will serve as office space. These rooms could be converted to resident bedrooms at a later time, if downstairs bedrooms were converted to single-occupancy bedrooms.) The entrances to the home are at ground-level and the home is wheel-chair accessible. The home utilizes private water and septic systems, and full approval of the well and septic systems was issued by the District Health Department #10 on 9/10/2018.

The home has two propane-fueled forced-air furnaces properly housed in fully protected rooms equipped with a 1-3/4-inch solid core doors with automatic self-closing devices and positive latching hardware. Two water heaters in the home are both electric.

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 facility has been determined to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds proposed
1	12.7' x 12.6'	160 sq. ft.	2
2	13.7' x 7.4'	101 sq. ft.	1
3	15.8' x 9.6' (minus 2'x5' closet)	141 sq. ft.	2
4	15.8' x 9.6' (minus 2'x5' closet)	141 sq. ft.	1 (but large enough for 2)

The indoor living (22.9' x 19.2'), sitting (11.9' x 13') and dining areas (14.8' x 13') measure a total of 785 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 six (6) residents, 18 years of age or older, in need of care due to physical or developmental disability or mental illness. The home may accept residents who regularly require the use of

wheelchairs. 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 and/or female) residents who are physically handicapped, mentally ill, 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 Community Mental Health agencies.

**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 including the public schools and library, local parks, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

The applicant is McBride Quality Care Services, Inc., a "Non-Profit Corporation", established in Michigan on 10/01/1988. 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 and administrator for this facility.

A criminal history background checks of Mr. VanderLoon was completed and he was determined to be of good moral character to provide licensed adult foster care. Mr. VanderLoon submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. VanderLoon serves as licensee designee and administrator for several other licensed adult foster care homes and meets the requirements for the same.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for six 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 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 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 home.

The applicant acknowledge 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 residents' 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.

**III. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six (6).



Diane L Stier  
Licensing Consultant

May 2, 2019  
Date

Approved By:



05/03/2019

Dawn N. Timm  
Area Manager

Date