



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 7, 2019

Katherine McQuaid
2713 South 13th
Niles, MI 49120

RE: Application #: AF110398405
Keystone Home
2713 South 13th
Niles, MI 49120

Dear Katherine McQuaid:

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 5 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 (616) 356-0183.

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 #:	AF110398405
Applicant Name:	Katherine McQuaid
Applicant Address:	2713 South 13th Niles, MI 49120
Applicant Telephone #:	(269) 684-4332
Administrator:	N/A
Licensee:	Katherine McQuaid
Name of Facility:	Keystone Home
Facility Address:	2713 South 13th Niles, MI 49120
Facility Telephone #:	(269) 684-4332
Application Date:	02/19/2019
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

02/19/2019	Enrollment
02/21/2019	PSOR on Address Completed
02/21/2019	Inspection Report Requested - Health Inv. #1029137
02/21/2019	Contact - Document Sent Rule & Act booklets
02/21/2019	Application Incomplete Letter Sent App - Box 16; 1326's, RI-030's, & FP's for Katherine & David; AFC 100 for Melinda
03/05/2019	Contact - Document Received App - Corrected; IRS ltr; 1326A's & RI-030's for Katherine & David; AFC 100 for Melinda
03/20/2019	File Transferred To Field Office Lans/BH
03/21/2019	Inspection Completed-Env. Health : A
04/29/2019	Inspection Completed-BCAL Substantial Compliance
04/29/2019	Application Incomplete Letter Sent
06/03/2019	Contact- Document Received Case transferred to licensing consultant, Ms. Cassandra Duursma.
06/04/2019	Contact - Document Received Emails exchanged with Ms. McQuaid
06/18/2019	Inspection Completed- BCAL Full Compliance
08/02/2019	Contact- Document Received Paperwork received from licensing consultant, Ms. Ondrea Dillard.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Keystone Home is a bungalow style home located in a suburban area of Niles, MI. It is located within a mile of numerous restaurants and stores. There are multiple parks and activity centers located within three miles of the home. The nearest hospital is Lakeland Hospital- Niles which is less than five miles from the home.

Residents will occupy the north side of the main floor of the home while Ms. McQuaid and Mr. McQuaid will occupy the south side of the home. The north side of the home includes three private resident bedrooms, one semi-private resident bedroom, two full resident bathrooms, a kitchen and dining area, and a large living area for residents. The main entrance to the north side of the home is equipped with a ramp that is in compliance with licensing standards, therefore rendering the home wheelchair accessible. The south side of the home includes a main entryway to the home, a living area that leads to a kitchen and dining area, one full bathroom, one half bathroom, and a master bedroom. The basement of the home will not be utilized by residents.

There are two gas fueled furnaces and water heaters located in the basement of the home. The entrance to the basement is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware that establishes floor separation. The home utilizes public sewage disposal and has a private water supply. An environmental health inspection was completed and found the water supply to be safe for consumption.

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. There are operable fire extinguishers located on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' 7" x 16' 7"	159'	2
2	11' 4" x 8' 1"	92'	1
3	11' 4" x 8' 1"	92'	1
4	8' 3" x 9' 7"	79'	1
Living Area	17' 10" x 23' 04"	416'	

The indoor living and dining areas measure a total of 416' 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 5 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 five male and/or female residents who are aged and/or physically handicapped. The program will include social interaction, assistance to maintain independence with activities of daily living, and transportation as agreed upon in the resident's care agreement. The applicant intends to accept 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 applicants to utilize local community resources for recreational activities including restaurants, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicants and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant 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.

The applicant acknowledged the requirement that the licensees 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 five 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 acknowledged 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 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 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, 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 five residents.

Cassandra Duursma

08/06/2019

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Dawn Timm

08/07/2019

Dawn Timm
Area Manager

Date