



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 12, 2016

Alan Dyer  
Bedford Specialized Care Inc.  
H-1  
2775 W. Dickman  
Battle Creek, MI 49037

RE: Application #: AS150383742  
Bedford North  
00095 Addis Road  
Boyne City, MI 49712

Dear Mr. Dyer:

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 4 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS150383742

**Applicant Name:** Bedford Specialized Care Inc.

**Applicant Address:** H-1  
2775 W. Dickman  
Battle Creek, MI 49037

**Applicant Telephone #:** (269) 660-8210

**Licensee Designee:** Alan Dyer

**Administrator:** Kimberly Reichel

**Name of Facility:** Bedford North

**Facility Address:** 00095 Addis Road  
Boyne City, MI 49712

**Facility Telephone #:** (231) 459-4051

**Application Date:** 03/08/2016

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

03/08/2016 Enrollment  
03/08/2016 Application Incomplete Letter Sent  
06/07/2016 Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a ranch style home located in a rural area approximately three miles east of Boyne City. This facility consists of a kitchen, sitting room, living and dining areas, four resident bedrooms, two full bathrooms, laundry room, office and an attached two-car garage. The home is wheelchair accessible and has 3 approved means of egress at street level.

The furnace and hot water heater are located in the garage with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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.

On May 20, 2016 the home was inspected by the Health Department of Northwest Michigan who determined that the home is in substantial compliance with applicable rules pertaining water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'10" x 10'10"	160	1
2	14'10 x 10'6"	155	1
3	15'2" x 10'8"	161	1
4	15'2" x 10'6"	159	1

The living, dining, and sitting room areas measure a total of 474 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### B. Program Description

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 four male or female adults who are diagnosed with a mental illness or a developmental disability in the least restrictive environment possible.

The program will include assistance and training with activities of daily living skills, job skills training, opportunity for involvement in educational or day programs and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

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.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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 libraries, shopping centers, local parks and community events.

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

The applicant is Bedford Specialized Care Inc., which is a "For Profit Corporation", was established in Michigan, on 01/12/2000. 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 Bedford Specialized Care Inc. has submitted documentation appointing Alan Dyer as Licensee Designee for this facility and Kimberly Reichel as the Administrator of the facility.

A criminal history background check was conducted for the applicant and administrator. They have been determined to be of good moral character. The applicant and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

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

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of two staff to four residents per shift during awake hours and one staff to four residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training suitability 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](http://www.miltcpartnership.org)), 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 good moral character, medical and training 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 the required forms and signatures to be completed for each resident on an annual basis.

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 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

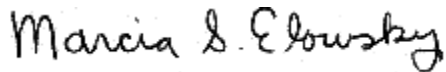
The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and 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.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 4).



07/12/2016

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:



07/12/2016

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Jerry Hendrick  
Area Manager

Date