



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 27, 2020

Francine Zingler
4036 River Rd.
Petoskey, MI 49770

RE: Application #: AF240398200
Petoskey AFC Home
4036 River Road
Petoskey, MI 49770

Dear Ms. Zingler:

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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF240398200
Licensee Name:	Francine Zingler
Licensee Address:	4036 River Road Petoskey, MI 49770
Licensee Telephone #:	(231) 622-1929
Administrator/Licensee Designee:	N/A
Name of Facility:	Petoskey AFC Home
Facility Address:	4036 River Road Petoskey, MI 49770
Facility Telephone #:	(231) 622-1929
Application Date:	02/06/2019
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED PHYSICALLY HANDICAPPED

II. METHODOLOGY

02/06/2019	On-Line Enrollment
02/07/2019	Inspection Report Requested - Health
02/07/2019	Application Incomplete Letter Sent
02/08/2019	Application Incomplete Letter Sent
02/19/2019	Inspection Completed-Env. Health: A
01/23/2020	Application Complete/On-site Needed
01/23/2020	Inspection Completed On-site
01/23/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-story home with an attached garage. It is located in a rural area outside of the city of Petoskey. The facility consists of a living room, dining room, kitchen, four resident bedrooms, two non-resident bedrooms, two bathrooms and a laundry room. One of the non-resident bedrooms is located above the attached garage. The facility is wheelchair accessible and has one means of egress that is equipped with a ramp from the first floor.

The water heater and furnace utilize propane fuel and are located in a closet on the main floor. These were inspected by West Climate Control on October 30, 2019, who reported that the heating system was in sound working order. The facility is also equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility has a private well and septic system. An environmental health inspection was conducted by the Emmet Co. Health Department on February 19, 2019. It was determined that the facility is in compliance with applicable rules.

Resident bedrooms have the following dimensions and capacity:

Bedroom	Dimensions	Area	Capacity
Room 1	10'3" x 9'10"	100 square feet	1 resident
Room 2	10'3" x 12'3"	125 square feet	1 resident
Room 3	13'3" x 12'3"	162 square feet	2 residents
Room 4	10' x 9'9"	98 square feet	1 resident

The living room and dining room combine for 289 square feet of living space. This exceeds the minimum of 35 square feet required for each resident.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The licensee intends to provide 24-hour supervision, protection and personal care for up to five ambulatory or non-ambulatory adults who are aged or who have a developmental disability, physically handicapped or are traumatically brain injured.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled and Traumatically Brain Injured will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the individual plan of service.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A criminal history background check was conducted on the applicant and responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted a statement from a physician documenting their good health and current TB-tine negative 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 along with cash savings.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

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 / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this five-bed family home, there is adequate supervision with one responsible person for five residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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) 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. 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 establish the good moral character and suitability, as well as obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents required to be maintained within each resident's file.

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.

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 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 that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

There were no licensing rule violations.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 5).



01/27/2020

Adam Robarge
Licensing Consultant

Date

Approved By:



01/27/2020

Jerry Hendrick
Area Manager

Date