



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 9, 2020

Matthew Haney
8791 Navaho Trail
Howard City, MI 49329

RE: Application #: AF590397535
Elevate AFC Jaided's House
8791 Navaho Trail
Howard City, MI 49329

Dear Mr. Haney:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF590397535
Licensee Name:	Matthew Haney
Licensee Address:	8791 Navaho Trl Howard City, MI 49329
Licensee Telephone #:	(616) 264-7514
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Elevate AFC Jaided's House
Facility Address:	8791 Navaho Trl Howard City, MI 49329
Facility Telephone #:	(616) 264-7514 12/07/2018
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/07/2018	On-Line Enrollment
12/10/2018	Inspection Report Requested - Health Inv. #1028957
12/10/2018	PSOR on Address Completed
12/10/2018	Contact - Document Sent- Rule & Act booklets
01/08/2019	Contact - Telephone call received from EH inspector. Cannot reach licensee via telephone number given on application.
01/09/2019	Contact - Telephone call made to licensee- Left message that EH is trying to contact licensee to schedule EH inspection.
02/14/2019	Inspection Completed-Env. Health : A
03/04/2019	Contact - Document Received App; rec cl & RI-030 for Matthew; AFC 100's for John & Sandra (RPs)
04/02/2019	Application Incomplete Letter Sent
01/07/2020	SC-Application Received - Original
02/20/2020	Application Complete/On-site Needed Review of physical plant and records.
02/20/2020	Inspection Completed On-site
02/20/2020	Inspection Completed-BCAL Full Compliance
02/20/2020	SC-Inspection Completed On-Site
02/25/2020	SC-ORR Response Requested Facility Plan to contract with Kent Co and MCN.
02/25/2020	SC-ORR Response Received-Approval Will contract with MCN and Kent Co.
02/25/2020	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Elevate AFC Jaided's House is a two-story home, with the first level being constructed of cinder block and the second story of wood siding. The facility is located in rural Howard City, Michigan on Indian Lake with a beautiful lake view. The first floor consists of three bedrooms, two resident bedrooms and the licensee's bedroom, along with a full bathroom with a walk-in shower, common area and staff office. The second floor has two resident bedrooms, a full bathroom with a bathtub/shower, living room/common area and kitchen. Although the two main entrances/exits of the facility are at grade, the remainder of the facility is not wheelchair accessible due to the hallways, bathrooms and bedrooms being too small to easily navigate with a wheelchair. The second floor of the facility also has two forms of egress that lead to porches with stairways that end at ground level. These include the kitchen which has a small balcony with a stairway leading to the ground level and the living room and dining area which also has a large porch with a stairway leading to the ground level. The home utilizes private water supply and sewage disposal system which was inspected and approved on February 05, 2019 by the Mid-Michigan District Health Department.

The home uses natural gas forced air furnace for heat with central air. The furnace and hot water heater are located in the basement and are in a room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnace and hot water heater were inspected on February 25, 2020 by Peak Heating and Cooling and found to be in safe working condition.

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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
First Floor			
Bedroom 1	9' x 12'	108 sq. ft.	1
Bedroom 2	12'1" x 8'8"	106.4 sq. ft	1
Bedroom 3	9' x 8'8"	79.2 sq. ft	Licensee's Bedroom
Common Area	14'3" x 14'	200.2 sq. ft	
Second Floor			
Bedroom 1	12'6" x 10'6"	133.56 sq. ft	2
Bedroom 2	12'6" x 10'6"	133.56 sq. ft	2
Living Room	25' x 15'	375 sq. ft	

The indoor living and dining areas measure a total of 575 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 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 six male and/or female residents who are mentally ill and developmentally disabled. The program will include social interaction of one-to-one outings in the community with staff or peer support, involvement with Community Mental Health programming and any other support agencies; staff will continue to support residents in maintaining their independence by encouraging and assisting resident to participate with continued development of personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. Residents will be able to assist in developing the menus, create a budget, go grocery shopping and assist with making of meals. The applicant intends to accept referrals from DHHS, CMH, Medicaid Waiver, Veterans Administration or 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 applicant to utilize local community resources for recreational activities including the local parks around Indian Lake, the Club House at Indian Lake, local festival and activities, fishing, movies, board games, video games, and yard games. The home is 11 miles from Lakeview, Michigan in which they will utilize their public library, bowling and hospital. Grand Rapid and Big Rapids are both 30 miles away which will provide the residents with more cultural activities, shopping centers, and movie theatres. These resources provide an environment to enhance the quality of life and increase or maintain the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible person were completed and each was 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 along with outside employment.

The applicant acknowledged the requirement that the licensee 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 six 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 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) 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(s).

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.

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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license and special certification to this adult foster care family home with a capacity of six residents.



02/26/2020

Bridget Vermeesch
Licensing Consultant

Date

Approved By:



03/09/2020

Dawn N. Timm
Area Manager

Date