



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 16, 2021

Kathleen Conklin
Marigold AFC LLC
P.O. Box 2
Palmer, MI 49871

RE: Application #: AM520397599
Marigold AFC Home
101 Kirkpatrick St.
Palmer, MI 49871

Dear Mrs. Conklin:

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 12 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM520397599
Applicant Name:	Marigold AFC LLC
Applicant Address:	101 Kirkpatrick St. Palmer, MI 49871
Applicant Telephone #:	(906) 475-6206
Administrator/Licensee Designee:	Kathleen Conklin, Designee
Name of Facility:	Marigold AFC Home
Facility Address:	101 Kirkpatrick St. Palmer, MI 49871
Facility Telephone #:	(906) 475-6206
Application Date:	11/26/2018
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTAL ILLNESS AGED

II. METHODOLOGY

11/26/2018	Enrollment
01/03/2019	Application Incomplete Letter Sent
03/18/2021	Inspection Completed On-site
3/18/2021	Inspection Completed-Environmental Health: A
03/25/2021	Contact - Document Received I received the clearance for the Rob, the boiler inspection, and an updated program statement.
03/25/2021	Application Complete/On-site Needed
03/25/2021	Inspection Completed-BCAL Full compliance
03/31/2021	Inspection Completed-Fire Safety: A
04/15/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two-story home that has been a licensed adult foster care home since 1976. The current owners Kathleen and Rob Conklin have owned and operated the facility since 1987. They are changing the license from an individual to a corporation. The Conklins live on site in the attached living quarters.

This is an Adult Foster Care home licensed for 12 residents. The home is in Upper Michigan (Marquette County). The facility is not handicap or wheelchair accessible due to many of the bedrooms being located on the second floor. The facility has provided their program statement, admission and discharge policies and their house rules. They have also provided training information that they will be using to train staff.

The home is in Palmer, MI. The home is about 15 miles from community hospitals, shopping centers and recreational opportunities. The small town of Palmer is a short distance from shopping and recreational activities.

The home is a six-bedroom home. The facility has 2 full bathrooms one on each floor of the facility.

Bedroom 1 20'x12' or 240 sq. feet triple occupancy 1st floor
Bedroom 2 12'x7' or 84 sq. feet single occupancy 1st floor

Bedroom 3 17'x14' or 238 sq. feet double occupancy 2nd floor
Bedroom 4 12'5"x8' or 100 sq. feet single occupancy 2nd floor
Bedroom 5 21'x8' or 168 sq. feet double occupancy 2nd floor
Bedroom 6 20'x12' or 240 sq. feet triple occupancy 2nd floor

The Living room/ dining room/common area is in the center of the facility. The living room/dining room is 25' x 5" by 19' and there is a smaller area for residents that is 12' x 12' for a total of 628 square feet of common area for the residents to recreate.

The boiler is located in the basement and is fully enclosed with the appropriate fire safety requirements. The boiler was inspected by the Michigan Department of Licensing and Regulatory affairs/ construction codes on 03/24/2021. The facility has been found in full compliance with fire safety and environmental health. The facility has public water and septic.

B. Program Description

The facility provides 24-hour supervision, protection, and personal care for up to 12 male and female residents over the age of 18 who are developmentally disabled, mentally ill, or aged. There will always be at least 1 staff person on duty.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

C. Applicant and Administrator Qualifications

The Licensee Designee and Administrator is Kathleen Conklin. A licensing record clearance was completed with no LEIN convictions for the licensee designee and administrator, Kathleen Conklin. The submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required 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. In addition, 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).

Laura Mohrman

4/16/21

Laura Mohrman
Licensing Consultant

Date

Approved By:

Mary Holton

4/16/21

Mary E Holton
Area Manager

Date