



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 15, 2021

Kent VanderLoon
McBride Quality Care Services, Inc.
P.O. Box 387
Mt. Pleasant, MI 48804-0387

RE: Application #: AS370406683
McBride Air Newton AFC
4643 Airport Rd
Mt Pleasant, MI 48858

Dear Mr. VanderLoon:

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 (517) 284-9730.

Sincerely,

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 #:	AS370406683
Applicant Name:	McBride Quality Care Services, Inc.
Applicant Address:	3070 Jen's Way Mt. Pleasant, MI 48858
Applicant Telephone #:	(989) 560-0887
Licensee Designee:	Kent VanderLoon
Administrator:	Kent VanderLoon
Name of Facility:	McBride Air Newton AFC
Facility Address:	4643 Airport Rd Mt Pleasant, MI 48858
Facility Telephone #:	(989) 772-9140
Application Date:	12/03/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/03/2020	Enrollment Application Incomplete Download Letter
12/09/2020	Application Incomplete Letter Sent 1326 for Kent VanderLoon
01/15/2021	Application Incomplete Letter Sent
02/05/2021	SC-Application Received - Original
02/05/2021	SC-ORR Response Requested Karen Bressett, CCMH verified they will be contracting with the facility, once opened.
02/05/2021	SC-ORR Response Received-Approval
03/04/2021	Application Complete/On-site Needed
03/04/2021	Inspection Completed On-site Physical plant inspection, water temp checked
03/04/2021	Inspection Completed-BCAL Full Compliance
03/04/2021	SC-Inspection Completed On-Site
03/04/2021	SC-Inspection Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story adult foster care (AFC) facility, barn like design/structure with aluminum siding on a crawl space. The AFC facility is in a rural setting yet only minutes from bustling Mount Pleasant, Michigan. The AFC facility has two resident bedrooms, a full bathroom, and an office upstairs with two resident bedrooms, dining room, living room, and a full bathroom and a half bathroom downstairs. All five resident bedrooms are private bedrooms. The home is **NOT** wheelchair accessible but has at least two approved means of egress on the first floor. The means of egress are covered porches with stairs to enter the facility. There is ample parking for direct care staff and visitors at the facility. The home utilizes public water supply and sewage disposal system.

The facility uses natural gas, forced air heat, and air conditioning. The hot water heater is located in a closet on the first floor and the furnace is located in the crawl space. The furnace in the crawl space is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. A new furnace was installed and inspected on October 23, 2020 by a licensed electrician and is in good 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
#1- Downstairs, first room on right	11'10" X 9'9"	109.89 sq. ft	1
#2- Downstairs, second room on right	11'10" X 10"	111 sq. ft	1
#3 Downstairs, room on left	11'8" X 11'8"	139.24 sq. ft	1
#4 Upstairs, room to right	15' X 9'	135 sq. ft	1
#5 Upstairs, room in back	10'6" X 11'9"	126 sq. ft	1
Dining Room	7'8" X 11'11"	86.65 sq. ft	
Living Room	15'3" X 9'	137.7 sq. ft	
Sitting Room	12'5" X 11'2"	140 sq. ft	

The indoor living and dining areas measure a total of 364.35 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

McBride Quality Care Services intends to provide 24-hour supervision, protection, and personal care to five male residents who are mentally ill and developmentally disabled.

The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety, independent living skills, an opportunity for involvement in educational, day programs or employment, and transportation. The applicant intends to accept referrals from Community Mental Health agencies.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities in Mount Pleasant, Michigan which is about one mile from the facility. The activities include but are not limited to local community events, the casino events, the library, local museums, shopping centers, day trips, restaurants, churches, programs through CMH, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is McBride Quality Care Services, Inc., a “Non Profit Corporation”, established in Michigan on October 9, 1989. 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 McBride Quality Care Services, Inc. has submitted documentation appointing Kent VanderLoon as licensee designee and administrator for this facility.

Criminal history background checks for Kent VanderLoon were completed and he was determined to be of good moral character to provide licensed adult foster care. The applicant submitted statements from a physician documenting his good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. VanderLoon has been employed with McBride Quality Care Services, Inc. for over thirty years and currently is a licensee designee and administrator for 25+ facilities. Mr. VanderLoon meets all of the AFC training requirements including many years of experience providing care for individuals with diagnosed with developmental disabilities and/or mental illness.

The staffing pattern for the original license of this five bed facility is adequate and includes a minimum of two staff for five residents per shift. The applicant acknowledged the staff to resident ratio may need to be adjusted in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. 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 and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 follow the retention schedule for all of the documents that are 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

C. 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 temporary license to this AFC adult small group home, capacity of five residents.



06/15/2021

Bridget Vermeesch
Licensing Consultant

Date

Approved By:



06/15/2021

Dawn N. Timm
Area Manager

Date