



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 18, 2021

Shellie Young
32792 Bradeen Ave
Paw Paw, MI 19079

RE: Application #: AF800406092
Young's AFC Home
32792 Bradeen Ave
Paw Paw, MI 49079

Dear Ms. Young:

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 3 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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF800406092
Licensee Name:	Shellie Young
Licensee Address:	32792 Bradeen Ave Paw Paw, MI 19079
Licensee Telephone #:	(269) 254-4093
Administrator	N/A
Licensee Designee:	N/A
Name of Facility:	Young's AFC Home
Facility Address:	32792 Bradeen Ave Paw Paw, MI 49079
Facility Telephone #:	(269) 254-4093
Application Date:	10/09/2020
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/09/2020	On-Line Enrollment
10/13/2020	PSOR on Address Completed
10/13/2020	Contact - Document Sent Rule booklet
11/02/2020	Contact - Document Received App; 1326A for Shellie
11/05/2020	Contact - Document Received AFC100 for Barbara (RP)
11/17/2020	Contact - Document Received RI-030 & DL for Shellie
11/17/2020	Inspection Report Requested - Health Inv. #1031049
12/01/2020	Contact - Document Received area manager emailed me application.
12/02/2020	Inspection Completed-Env. Health : A
12/11/2020	Application Incomplete Letter Sent Sent via email to licensee
01/17/2021	Contact - Document Received Licensee requested I resend confirming letter.
01/19/2021	Contact - Document Sent Resent via email the confirming letter.
01/27/2021	Contact - Document Received Received layout of main floor of facility, medical clearance, and TB test results; however, I couldn't read the documents due to them being too small. Sent email back requesting she resend them in original format.
02/04/2021	Contact - Document Sent Requested layout of lower level of facility. Also, requested an on- site at facility.
02/08/2021	Contact - Document Received Received lower level floor plan
02/12/2021	Inspection Completed On-site

	Received copy of training verification for Ms. Young. Received medical/TB for Ms. Young.
02/16/2021	Contact - Document Sent Confirming letter sent to licensee via email. Generated on Friday.
08/10/2021	Contact - Document Received Received email containing pictures of corrections from confirming letter including, shower handrail installed, heat detector, electrical inspection and cleaned bathtub.
09/28/2021	Contact - Document Received Received medical and TB.
09/30/2021	Application Complete/On-site Needed
10/03/2021	Contact – Document Received Furnace and hot water heater inspection via email
10/14/2021	Contact – Document Received Responsible person’s medical and TB documents

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in a subdivision near M-43 Highway and is 10 minutes north of Paw Paw and seven minutes south of Gobles. The facility is also located 30 minutes from South Haven and Lake Michigan and only 20 minutes from Kalamazoo making it centrally located within Van Buren County and easily accessible to local cities, towns, and activities. Due to the facility’s rural location, it utilizes private water and sewer. On 12/02/2020, Van Buren County Health Department tested the facility’s water and sewer and determined the facility was in substantial compliance with local environmental health rules.

The facility is wheelchair accessible. There is a ramp off the facility’s front door providing at least one approved means of egress from the facility’s first floor.

The facility has an open floor plan consisting of a living room, dining room, and kitchen. Immediately upon entering the facility is the living room. Located just beyond this space is the dining room and kitchen. The facility has a total of three bedrooms. The hallway on the west side of the facility has two bedrooms and a bathroom. The bathroom consists of a tub/shower combination, toilet, and sink. The hallway on the east side of the facility has another bedroom with an en-suite bathroom. This bathroom consists of a

stand-up shower, soaking tub, toilet, and sink. Also off this hallway is the laundry room, which is connected to the facility's garage. Stairs leading to the basement are also located within this hallway.

The licensee had an egress window installed in the basement to allow one of her children to sleep safely in the basement. The basement is primarily open space, but it is also where the facility's furnace and hot water heater are located. Residents will not utilize the basement area.

The facility's gas furnace and electric hot water heater are located in the facility's basement. A 1 ¾ inch solid core door with an automatic self-closing device with positive latching hardware is located at the top of the facility's stairs to create floor separation. The licensee submitted verification the facility's furnace and hot water heater were inspected and in good working order.

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. Smoke detectors are installed near all sleeping areas, on each occupied floor, in the basement and near all flame or heat producing equipment. The licensee also submitted verification the electrical system had been inspected and was in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'10" x 11'6"	101 square feet	1
2	9'10" x 11'5"	112 square feet	1
3	11'6" x 15'10"	182 square feet	2

The indoor living and dining areas measure a total of 253 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 3 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 3 female residents who are physically handicapped or developmentally disabled. The program will include social interaction, opportunities for involvement in educational or day programs, and transportation. The applicant intends to accept referrals from Van Buren County Department of Health and Human Services, Van Buren Community Mental Health agency, with the intention to have a special certification, 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 local libraries, shopping centers, museums, festivals, and the beach. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant, Shellie Young, and responsible person, Barbara Guritz-Houser, were completed, and they were 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 3 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 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 indicates 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 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 resident personal money transactions that have been agreed to be managed by the applicant.

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 to this adult foster care family home with a capacity of 3.

Cathy Cushman

10/18/2021

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

10/11/2021

Dawn N. Timm
Area Manager

Date