



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 15, 2021

Shirley Talley
4460 Kinneville Road
Onondaga, MI 49264

RE: Application #: AF330405810
Country Haven
4460 Kinneville Road
Onondaga, MI 49264

Dear Ms. Talley:

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,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF330405810
Applicant Name:	Shirley Talley
Applicant Address:	4460 Kinneville Road Onondaga, MI 49264
Applicant Telephone #:	517-937-8146
Licensee:	Shirley Talley
Administrator:	N/A
Name of Facility:	Country Haven
Facility Address:	4460 Kinneville Road Onondaga, MI 49264
Facility Telephone #:	(517) 937-8146
Application Date:	09/11/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/11/2020	Enrollment
09/16/2020	PSOR on Address Completed
09/16/2020	Contact - Document Sent Rule booklet.
09/16/2020	Application Incomplete Letter Sent App - Boxes 14, 16, & 18; 1326, RI-030 & FPs for Shirley; AFC100 for Melissa (RP)
09/24/2020	Contact - Document Received App - Corrected; 1326, RI-030 & DL for Shirley; AFC100 for Melissa.
09/24/2020	Lic. Unit file referred for background check review Melisa G (RP).
09/24/2020	Inspection Report Requested – Health Inv. #1030921.
10/20/2020	Inspection Completed-Env. Health : A.
10/23/2020	Application Incomplete Letter Sent.
10/23/2020	Contact - Telephone call made to licensee Shirley Talley, no answer, and no voicemail available to leave a message.
10/26/2020	Contact - Document Received- Email from licensee Shirley Talley
12/10/2020	Contact - Document Sent Email to licensee about enrollment.
01/27/2021	Contact - Document Sent - Email sent to Shirley about remaining items needed.
02/23/2021	Inspection Completed On-site No on-site inspection conducted just a paperwork review.
02/23/2021	Inspection Completed-BCAL Sub. Compliance.
05/13/2021	Inspection Completed On-site.
05/17/2021	Inspection Completed-BCAL Sub. Compliance.
06/02/2021	Contact - Document Received- Email from licensee Shirley Talley about plumbing.
06/10/2021	Inspection Completed-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Haven is a ranch-style home that was built in 1970 and is on 1.3-acre lot. The home does have a walk-out finished basement. The adult foster care (AFC) family home is in the Township of Onondaga which is an unincorporated community meaning it has no defined boundaries or population, but it does have its own post office with the 49264-zip code available to residents.

When entering the home from the front door, the family room is entered. The main level of the home has four resident bedrooms, a bathroom, a kitchen, dining area, laundry area and family room. The family room is large and has a television, couch, and a stationary bike for exercising. To the left of the family room are the four resident bedrooms and one full resident bathroom. All four of the resident bedrooms contain a window as a second means of egress. The two primary exits are at the front door which is by the living room and the second exit door in the kitchen. The facility has a deck off the main floor of the house for the residents to sit outside. The facility has ample parking for both staff and visitors. The facility has a finished walk-out basement that is not accessible to the residents. The lower level of the house does include a kitchen, bedroom, sitting area and full bathroom. The basement exits at grade and the basement bedroom has a window in it for egress.

The facility is not wheelchair accessible as the facility does not have any wheelchair ramps nor does the home exit at grade on the first floor therefore the facility is not able to accommodate individuals who use a wheelchair to assist with mobility.

The facility utilizes both a private water supply and private sewage disposal system. This facility was inspected by the Ingham County Health Department on 10/20/2020 and was determined to be in substantial compliance with applicable environmental health rules.

An on-site inspection verified the home is in substantial compliance with rules pertaining to fire safety and the smoke detection system is fully operational. The home is equipped with an interconnected smoke detection system with battery back-up. Ms. Shirley Talley, licensee agrees to replace the batteries in accordance with the manufacturer recommendation of the smoke detectors for those that rely on batteries as an energy source.

The facility is equipped with a gas forced heat furnace and one hot water heater which are both located in the finished basement, in a separate enclosed room, with a fire-rated door and an automatic closing device.

Ms. Shirley Talley provided documentation that she is the owner for this property.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'3" X 7'8"	78.58	1
2	11'8" X 10'2"	118.61	1
3	12'11" X 12'2"	157.15	2
4	9'1" X 12'2"	110.51	1
Dining Room	11'8" X 10'2"	121.15	0
Family Room	25'8" X 12'9"	327.25	0

The total square footage of the home is over 1,400 square feet. The indoor living and dining areas measures over a total of 913 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement for five residents.

Currently living in the home is licensee Shirley Talley, Melissa George and one minor female child. These three household members will sleep in the basement. The facility also has two small dogs. Additionally, the home has three male members of household who receive services through community mental health and therefore once the license is issued these three occupants will be admitted as residents.

B. Program Description

The applicant is approved to provide care to the developmentally disabled and physically handicapped populations. The applicant, Ms. Talley, has provided direct care services to the developmentally disabled and physically handicapped populations since July 2018 while working as a direct care worker at another licensed adult foster care facility.

Criminal history background checks of Ms. Talley were completed and she was determined to be of good moral character to provide licensed adult foster care.

Ms. Talley submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

The applicant, Ms. Talley, 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 five male residents will be the responsibility of the family home applicant, Ms. Talley, 24 hours a day, seven days a week. Ms. Talley plans to have a 1:6 ratio but understands that based on the needs of the residents that ratio may have to be increased to meet the resident needs. Ms. Talley reported that she and Melissa George will be covering the overnight shifts and they will be sleeping staff.

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.

Ms. Talley acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home. Ms. Talley acknowledged an understanding of the responsibility to assess the good moral character of employees.

Ms. Talley 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.

Ms. Talley acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those responsible people that have received medication training and have been determined competent by licensee Ms. Talley 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.

Ms. Talley acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each responsible person or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation for each responsible person/member of household and licensee, administrator or volunteer and follow the retention schedule for those documents.

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

Ms. Talley 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. Ms. Talley acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant, Ms. Talley 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.

Ms. Talley 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.

Ms. Talley 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.

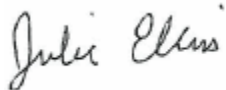
Ms. Talley acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. Ms. Talley acknowledged that residents with mobility impairments will not reside at the facility as her home is not handicap accessible.

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 six-month temporary license to this family adult foster care home with a capacity of five (5) male residents.



06/10/2021

Julie Elkins Date
Licensing Consultant

Approved By:



06/15/2021

Dawn N. Timm Date
Area Manager