



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 21, 2020

Shari Blackburn  
9040 Farley Road  
Pinckney, MI 48169

RE: Application #: AF470401833  
**Farley Adult Foster Care**  
**9040 Farley Road**  
**Pinckney, MI 48169**

Dear Ms. Blackburn:

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 4 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**

<b>License #:</b>	AF470401833
<b>Applicant Name:</b>	Shari Blackburn
<b>Applicant Address:</b>	9040 Farley Road Pinckney, MI 48169
<b>Applicant Telephone #:</b>	(734) 648-0628
<b>Licensee:</b>	Shari Blackburn
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Farley Adult Foster Care
<b>Facility Address:</b>	9040 Farley Road Pinckney, MI 48169
<b>Facility Telephone #:</b>	(734) 648-0628
<b>Application Date:</b>	09/16/2019
<b>Capacity:</b>	4
<b>Program Type:</b>	AGED MENTALLY ILL

## II. METHODOLOGY

09/16/2019	Enrollment
09/24/2019	Inspection Report Requested - Health Inv. #1029834
09/24/2019	Contact - Document Sent- Rule & Act booklets
09/24/2019	Lic. Unit file referred for background check review
09/24/2019	Lic. Unit file referred for background check review
09/24/2019	Application Incomplete Letter Sent 1326A,FP's & RI-030 for Shari
10/07/2019	Contact - Document Received 001's for Carol W, Jeffrey G, & Brian M
10/09/2019	Inspection Completed-Env. Health: A
10/14/2019	Lic. Unit file referred for background check review
10/14/2019	Lic. Unit file referred for background check review
10/21/2019	Contact - Document Received- Pg 2 updated
12/16/2019	Application Incomplete Letter Sent
01/06/2020	Contact - Telephone call received LD Shari Blackburn had questions about the application incomplete letter.
01/30/2020	Application Complete/On-site Needed
01/30/2020	Inspection Completed On-site
01/30/2020	PSOR on Address Completed-No offenders at AFC.
02/03/2020	CAP Compliance Verification- Lease Provided
02/05/2020	Corrective Action Plan Received
02/06/2020	Corrective Action Plan Approved
02/06/2020	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Farley Adult Foster Care is a large ranch-style facility originally built in 1961 and was recently updated by an addition in 2017. The AFC is on 3.03-acre lot in Pickney, Michigan, which is located in Putnam Township, in Livingston County. There are multiple restaurants, shopping, a bank, post office, library, senior center and churches are available to residents in and near Pickney.

The AFC family home physical plant layout is set up in the shape of the letter “L” and contains separate sleeping areas on both the south and west sides of the house. When you first enter the home from the front door, to the right or the west side of the home are four resident bedrooms, one full resident bathroom which also contains a washer and dryer, one half bathroom, a dining area, kitchen and living room. Additionally, the first bedroom contains a half bathroom. The clothes dryer which is located in the full bathroom is electric and does not contain a fire rated door. To the left or east of the entry way is the living room, kitchen, half bathroom, sitting room and the four bedrooms with another sitting room on the south side of the house which were added in 2017 and are occupied by the members of household. Ms. Blackburn provided a Certificate of Occupancy from the Livingston County Building & Safety Engineering Department dated November 21, 2017 which documented that a 32 x 45 addition was added to include an office, study, exercise room and entertainment room on an unheated crawlspace. A 10 x 10 porch was added with 12 x 11 roof on the south side of the building and a 10 x 3 porch off the west side of the house.

The facility is not wheelchair accessible as the exits are not at grade and the home does not contain any wheelchair ramps. Therefore, residents who require the continued use of a wheelchair for mobility purposes will not be able to reside in this AFC family home.

Ms. Blackburn provided documentation of a five year lease to rent 9040 Farley Road Pickney, MI 48169 from owner Jason Wolfe, a member of household for the purpose of running an adult foster care facility. This lease went into effect on January 1, 2019. Ms. Blackburn provided a letter signed by Mr. Wolf who has acknowledged leasing the home to Ms. Blackburn for the purpose of obtaining an adult foster care license and running an adult foster care home. Ms. Blackburn provided documentation that Mr. Wolfe provided permission for the inspection of the home for the purpose of licensure.

The facility utilizes private water supply and private sewage disposal system. This facility was inspected by the Livingston County Health Department on 10/09/2019 and was in substantial compliance. The facility does have a reverse osmosis system that will be utilized for drinking and cooking water and a Culligan water softener. Additionally, the home contains a carbon defense water system which monitors the chemical contents/rust in the water.

An on-site inspection verified the home is in substantial compliance with rules pertaining

to fire safety. The facility is equipped with two gas forced heat furnaces which contain a kinetic humidifier which are located in the unfinished basement and floor separation is established by a fire-rated, fully enclosed metal door with fire rating tag located on the first floor of the facility that is equipped with an automatic self-closing device and positive latching hardware. One furnace was replaced in 2015 and the other furnace was added in 2017 as needed for the addition. The facility has a tankless hot water heater and the facility is not equipped with a central air-condition system. The unfinished basement area will not be accessible to residents.

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	16 X 15	240	2
2	11 X 8, 11 X 6	154	1
3	11 X 16	176	2
4	10 X 12	120	1
Living room	22 X 23	506	0
Kitchen	15 X 22	330	0
Sitting room	12 X 16	192	0

The indoor living and dining areas measure a total of approximately 3,000 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Currently living in the home is the licensee, Shari Blackburn, and nine members of household which includes three minor children. Licensee Blackburn intends to admit three members of household as adult foster care residents and six members of household, plus Ms. Blackburn, will remain in the home.

Resident Bedroom #1 and #3 has the square footage to accommodate a married couple or two same-sex roommates. It is the licensee's responsibility not to exceed the facility's licensed capacity of four (4) residents.

## **B. Program Description**

The applicant is approved to provide care to the mentally ill and/or aged population. The applicant, Ms. Blackburn, has worked alongside her mother who had a family home adult foster care while she was growing up. Additionally, Ms. Blackburn provided direct care to the residents in her mother's adult foster care home for five years beginning when she was 18 prior to obtaining her own adult foster care license. In September 1997, the applicant, Ms. Blackburn was issued her first Adult Foster Care family home license, which included programs for the aged and developmentally

disabled populations. Ms. Blackburn has since been issued eight different family home licenses.

Criminal history background checks of Ms. Blackburn, the applicant/administrator were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Blackburn submitted a statement from a physician documenting her good health and current negative tuberculosis test results were provided.

The applicant, Ms. Blackburn, 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 four residents will be the responsibility of the family home applicant, Ms. Blackburn, 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.

Ms. Blackburn 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Blackburn 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. Blackburn 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. Blackburn 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. Blackburn 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. Blackburn 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. Blackburn 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. Blackburn 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.

Ms. Blackburn 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. Blackburn 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. Blackburn 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. Blackburn 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 four (4) residents.



02/10/2020

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Julie Elkins  
Licensing Consultant

Date

Approved By:



02/21/2020

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Dawn N. Timm  
Area Manager

Date