



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 1, 2022

Michael Kirby II
Kirby's Adult Foster Care Services Inc.
2285 E. Lily Lake
Harrison, MI 48625

RE: Application #: AS180411099
Eagle's View
57 W. Ludington Dr.
Farwell, MI 48622

Dear Mr. Kirby II:

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 #:	AS180411099
Applicant Name:	Kirby's Adult Foster Care Services Inc.
Applicant Address:	2285 E. Lily Lake Harrison, MI 48625
Applicant Telephone #:	(989) 430-8061
Licensee Designee:	Michael Kirby II
Administrator:	Michael Kirby II
Name of Facility:	Eagle's View
Facility Address:	57 W. Ludington Dr. Farwell, MI 48622
Facility Telephone #:	(989) 430-8061 12/07/2021
Application Date:	
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/07/2021	Enrollment
12/07/2021	Inspection Report Requested - Health 1032228
12/07/2021	File Transferred To Field Office Lansing via SharePoint
12/10/2021	Application Incomplete Letter Sent
12/27/2021	SC-Application Received - Original
01/11/2022	Inspection Completed-Env. Health: A
02/17/2022	SC-ORR Response Requested
02/17/2022	SC-ORR Response Received-Approval
02/18/2022	Inspection Completed-Onsite Review of physical plant, water temps, resident files.
02/18/2022	Inspection Completed BCAL Full Compliance
02/18/2022	SC-Inspection Completed On-Site
02/18/2022	SC-Inspection Completed Full compliance
02/18/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Eagle's View can be found in the Village of Farwell, Michigan in Clare County. The home is a vinyl sided ranch style home with a metal roof on an unfinished basement with a detached garage. Entrance into the home is gained through a covered porch and upon entering the home is the resident dining room, living room, and kitchen. The home has two full bathrooms and four resident bedrooms, three of which are private resident bedrooms and one semi-private bedroom. The home has three forms of egress that lead out onto porches and decks however the home is not equipped with any wheelchair ramps so the home is not wheelchair accessible. The home utilizes a private water and sewage disposal system which has been inspected and approved by Central Michigan District Health Department on 01/11/2022.

The facility uses natural gas, forced air heat, and has a generator. The hot water heater and furnace is located in the basement and is equipped with 1-3/4 inch metal-solid core door with an automatic device self-closing devise and positive latching hardware. The

furnace was inspected by a licensed professional on January 05, 2022 and found to be 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
Bedroom #1	10' X 9'5"	95sq. ft.	1
Bedroom #2	11' X 9'5"	104.5sq. ft.	1
Bedroom #3	11' X 11' 5"	126.5sq. ft.	1
Bedroom #4	11' X 13'	143sq.ft.	2
Dining Room	11' X 25'	275sq. ft.	
Living Room	15' X 22.5'	337.50sq. ft	

The indoor living and dining areas measure a total of 612.50 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

The applicant intends to provide 24-hour supervision, protection, and personal care to five (5) male and/or female residents who are mentally ill and/or developmentally disabled. The program will include social community outing, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational programs, day programs and employment opportunities and transportation. The applicant intends to accept referrals from local 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 including the public schools and library, local museums, shopping centers, churches, etc. The facility is 7 miles from Clare and

25 miles from Mt. Pleasant which provides casino gaming, movies, Central Michigan University events, and farmers markets. 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 Kirby's Adult Foster Care Service Inc., "For Profit Corporation" established in Michigan on 04/07/2010. 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 Kirby's Adult Foster Care Service, Inc. has submitted documentation appointing Michael Kirby as licensee designee and administrator of the facility.

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

Michael Kirby has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Kirby has been a licensee designee and administrator of various AFC facilities for 12 years and currently is the licensee designee and administrator of five other licensed adult foster care homes.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 acknowledge 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 resident's 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.

