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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 25, 2022

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

RE: Application #: AS370411456
McBride Blanchard AFC
4692 E. Blanchard Rd.
Shepherd, MI 48883

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 and special certification with a maximum capacity of 6 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 "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 #:	AS370411456
Applicant Name:	McBride Quality Care Services, Inc.
Applicant Address:	3070 Jen's Way Mt. Pleasant, MI 48858
Applicant Telephone #:	(989) 772-1261
Licensee Designee:	Kent VanderLoon
Administrator	Sarah Nestle
Name of Facility:	McBride Blanchard AFC
Facility Address:	4692 E. Blanchard Rd. Shepherd, MI 48883
Facility Telephone #:	(989) 772-1261 01/19/2022
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/19/2022	Enrollment
01/19/2022	Inspection Report Requested - Health 1032319
01/19/2022	File Transferred To Field Office Lansing via SharePoint
02/08/2022	Application Incomplete Letter Sent
02/14/2022	Inspection Completed-Env. Health: A
05/05/2022	Contact - Document Received.
05/17/2022	Application Complete/On-site Needed
05/17/2022	Inspection Completed On-site- Review of Physical plant.
05/17/2022	Inspection Completed-BCAL Full Compliance
05/23/2022	SC-Application Received-Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in rural Shepherd, Michigan, in Isabella County, about 10 miles south of Mt. Pleasant, MI. The facility sits on a little over four acres of land and originally was built and licensed as a nursing home many years ago. The facility is a two-story brick farmhouse with an addition off of the back. The original farmhouse has a sunroom, a kitchen, laundry room, dining room, staff office, bathroom and two bedrooms upstairs that will be used for storage and the residents will not have access to these bedrooms. This part of the home has two exits leading out onto a covered brick porch. A third exit located in the laundry room has stairs and exits onto the side yard. The entrance from the farmhouse to the addition has stairs and the addition is at ground level with four means of egress at ground level leading to connecting sidewalks. The addition has six private resident bedrooms, with bedroom #6 having a full private bathroom with a stand-up shower. Across the hall from the bedrooms are two full bathrooms with stand-up showers and a half bathroom. At the end of the new addition there is a large living room with two rooms off of the living room which will be used as game rooms and recreation rooms. The facility also has an additional living room. There are also three additional bedrooms that will not be used or accessible to residents. The facility has two brick wood fireplaces that are not in working order and are decorative only.

The facility is not wheelchair accessible due to the home having stairs on the inside that are used to access the kitchen, dining room and laundry room. The home utilizes private water supply and sewage disposal system, which was inspected on February 14, 2022, by Central Michigan Health Department, Environmental Health Inspector and was found to be in full compliance with environmental health rules and statutes.

The facility heats with natural gas-force air, has air conditioning and has three furnaces which are accessed from outside of the home in a separate room and cellar. Furnaces and hot water heaters were inspected by Kihn Heating and Cooling and found in safe working conditions. 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. Single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and near all flame- or heat-producing equipment, to include fire extinguishers on all levels of the facility. This consultant determined the home to be in compliance with applicable fire safety rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'6" X 7'10	103.66 Sq. Ft.	1
2	14'6" X 7'10	103.66 Sq. Ft.	1
3	14'6" X 7'10	103.66 Sq. Ft.	1
4	14'6" X 7'10	103.66 Sq. Ft.	1
5	14'6" X 7'10	103.66 Sq. Ft.	1
6	12' X 12'6"	151.2 Sq. Ft	1

The indoor living and dining areas measure a total of 2091 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 six (6) 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 six male and/or female residents who are aged-60 years and above, mentally ill, and/or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from County DHHS Offices, CMH, Veterans Administration or residents with private sources for payment.

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 library, local restaurants, stores, and churches, etc. The facility is 10 miles from Mt. Pleasant Michigan which provides a larger array of social events, restaurants, movie theater and shopping centers. 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 Sarah Nestle as administrator for this facility.

Criminal history background checks for Kent VanderLoon and Sarah Nestle were completed and they were determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The licensee designee 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 who are aged and/or diagnosed with developmental disabilities and/or mental illness. Ms. Nestle has been employed with McBride Quality Care Services since 2008 as the Director of Operations and has been a public guardian for people with developmental disabilities and/or mental illness since June 2017. Ms. Nestle meets all of the AFC training requirements including many years of experience providing care for individuals who are aged and/or diagnosed with developmental disabilities and/or mental illness.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for six 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 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 6 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.

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 temporary license to this AFC adult small group home and special certification with a capacity of six residents.

Bridget Vermeesch

05/25/2022

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

05/25/2022

Dawn N. Timm
Area Manager

Date