



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 27, 2022

Stella Mier
3105 Rescue Rd
Bad Axe, MI 48413

RE: Application #: AF320410468
Mindful Family AFC
3105 Rescue Rd
Bad Axe, MI 48413

Dear Ms. Mier:

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 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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF320410468
Applicant Name:	Stella Mier
Applicant Address:	3105 Rescue Rd Bad Axe, MI 48413
Applicant Telephone #:	(810) 678-8422
Administrator/Licensee Designee:	N/A
Name of Facility:	Mindful Family AFC
Facility Address:	3105 Rescue Rd Bad Axe, MI 48413
Facility Telephone #:	(616) 298-0487
Application Date:	09/29/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

09/29/2021	Enrollment
10/04/2021	Application Incomplete Letter Sent 1326 & RI030 for Stella, AFC100 for Luis & Lourdes
10/04/2021	Inspection Report Requested - Health Invoice No: 1031988
10/04/2021	Contact - Document Sent 1326, RI030, AFC100
10/25/2021	Inspection Completed-Env. Health: C
02/07/2022	File Transferred To Field Office Flint via SharePoint
02/16/2022	Application Incomplete Letter Sent
04/25/2022	Inspection Report Requested - Health
04/25/2022	Contact - Document Received Received furnace inspection report
05/09/2022	Contact - Document Received Received all required documents
05/10/2022	Inspection Completed-Env. Health: A
06/29/2022	Inspection Completed On-site
06/30/2022	Contact - Document Received Received room measurements
06/30/2022	Inspection Completed-BCAL Full Compliance
07/07/2022	Contact – Document Received Received rest of required paperwork
07/07/2022	Application Complete/On-site Needed
07/25/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property is a one-story brick building located at 3105 Rescue Road, Bad Axe, MI 48413 is owned by Doug Kucharczyk and is being leased to Licensee Stella Mier. Mindful Family AFC is in the Township of Sheridan, Huron County. The facility is located on approximately one acre of land in rural Bad Axe, MI. The facility was built for use as a church in 1976 but was then turned into a licensed adult foster care home and was licensed from May 27, 2005, through June 23, 2017 (AS320273757). The building was built on a basement on one acre of land. The facility has central air conditioning and has private sewer and water. The Sanilac County Sanitarian gave this facility an 'A' rating on May 10, 2022.

The furnace and hot water heater are located in the basement, in a room with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The furnace was determined to be fully operational on April 22, 2022. Fire extinguishers are installed on each floor of the home.

Licensee Stella Mier bedroom is located on the main floor, next to bedroom #2. Licensee Mier and her husband Luis Mier will be the only other occupants in the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NW #1	14' X 14'6"	204.4 sq. feet	2
SW #2	14' X 14'6"	204.4 sq. feet	2
NE	14' X 15'	210 sq. feet	2

The living, dining, and sitting room areas measure a total of 576 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. There are two full bathrooms located at the front of the facility.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is wheelchair accessible.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to six (6) ambulatory residents, whose diagnosis is aged, developmentally disabled, physically handicapped, Alzheimer's, or mentally ill. The facility will accept wheelchair users and there is one ramp leading out the front of the building. Mindful Family AFC

will accept both male and female residents, age 18+. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Licensee Stella Mier 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 acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day 7 days a week with the responsible person on call to provide supervision in relief.

Licensee Stella Mier acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.identogo.com), (formerly L-1 Enrollment, by Morpho Trust) and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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.

Licensee Stella Mier acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

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 acknowledges 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 when a resident can be discharged before the issuance of a 30-day written discharge notice.

Licensee Stella Mier acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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. RECOMMENATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-6).

Kathryn A. Huber

0727/2022

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary E. Holton

07/27/2022

Mary E. Holton
Area Manager

Date