



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 7, 2022

Aaron Young and Joann Santos
7855 Lake Bluff 19.4 Rd
Gladstone, MI 49837

RE: Application #: AF210413482
YOUNG'S Adult Foster Care
7855 Lake Bluff 19.4 Rd
Gladstone, MI 49837

Dear Mr. Young and Ms. Santos:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF210413482
Applicant Name:	Aaron Young & Joann Santos
Applicant Address:	7855 Lake Bluff 19.4 Rd Gladstone, MI 49837
Applicant Telephone #:	906-420-4219
Licensees:	Aaron Young & Joann Santos
Name of Facility:	YOUNG'S Adult Foster Care
Facility Address:	7855 Lake Bluff 19.4 Rd Gladstone, MI 49837
Facility Telephone #:	(906) 420-4219
Application Date:	07/22/2022
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

07/22/2022	Enrollment
07/22/2022	Contact - Document Sent App Inc Ltr, 1326, AFC-100, RI-030
07/29/2022	Contact - Document Received Rec'vd 2-1326A-FP'S, AFC-100, RI-030 w/check #1157 Amount\$100,
08/08/2022	Inspection Report Requested - Health
08/08/2022	PSOR on Address Completed
08/24/2022	Application Incomplete Letter Sent
08/25/2022	Inspection Completed Environ. A
09/09/2022	Contact - Document Received
09/15/2022	Application Incomplete Letter Sent
09/19/2022	Contact - Document Received
09/22/2022	Inspection Completed On-site
09/22/2022	Inspection Completed-BCAL Sub. Compliance
10/18/2022	Application Complete/On-site Needed
10/19/2022	Inspection Completed On-site

10/19/2022 Inspection Completed-BCAL Full Compliance

11/07/2022 Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large one-story ranch wood framed home with a full finished basement located on the bluff over the city of Gladstone. The property is in close proximity to parks, a golf course, service provider organizations, medical resources, and shopping areas. Proof of ownership by Aaron Young and Joann Santos, husband, and wife, was provided, reviewed, and is on file.

The home is very neat, clean, and comfortably furnished. The main floor consists of the licensee's bedroom/bathroom. There are 2 resident bedrooms, a large resident bathroom, the living room and a dining room and kitchen. The finished basement has a full bathroom, a bedroom that is occupied by the licensee's teenage son. The basement has appropriate egress windows and meets local zoning requirements. There is also a full entertainment room with television and exercise equipment in the basement for use by the residents.

The home has the capacity to house 4 residents. The approved residents' bedrooms have the following dimensions:

Bedroom #1 143 sq. ft. Approved capacity 2

Bedroom #2 165 sq. ft. Approved capacity 2

The home has the square footage necessary to accommodate up to 4 residents as requested on the application. The home has a total of 3306 square feet. The living room has furnishings adequate for the family and the residents and is approximately 287 sq ft. There is a full open kitchen with additional eating space. The dining room has seating for 8 and the square footage is approximately 133 sq ft. The residents are welcome in any part of the home including the finished basement with the exception of the licensee's private bedroom and their teenage son's private bedroom. This would provide the residents with approximately 840 square feet of living space available to them excluding bathrooms, storage areas, hallways, kitchen, and sleeping areas.

The facility is fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home is serviced by a private sewer and well. The private sewer and well system were inspected by the Delta-Menominee District Health Department on 8/25/22.

The facility has an interconnected smoke detection system throughout the home. The detectors are located in the hallway near the approved bedrooms, the kitchen, and in the living room area and were found to be in good working order. The furnace is in the basement and was inspected on 10/3/2022 by Don's HVAC and found to be in compliance with all state and local codes. The furnace has enclosed room with a self-closing solid core door.

At this time the home is not equipped to provide care to resident that utilize a wheelchair. This home is not wheelchair accessible.

B. Program Description

The facility proposes to serve male and female adults that are Aged (55 and older).

The home will offer residents a normalized home environment and integrations with various community resources and will encourage family involvement. The home offers 24-hour care, and 'a friendly staff in a beautiful setting'. The home has a large back yard for resident enjoyment. In addition, the home will welcome Senior Companions, holiday and birthday celebrations, barbecues, outings, and other activities that suit their resident's interest.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Aaron Young and Joann Santos, licensees. Mr. Young and Ms. Santos submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The staffing pattern for this 3-bed facility is adequate and includes a minimum of 1 to 2 staff per 4 residents on the awake-shift, and 1 staff to 4 residents during the sleep shift.

The licensees acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensees acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked area and that daily medication logs will be maintained on each resident receiving medication.

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

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

The licensees acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensees acknowledged that they will provide three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensees acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident 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

RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1- 4).

Maria DeBacker

11/07/22

Maria DeBacker
Licensing Consultant

Date

Approved By:

Mary Holton

11/07/22

Mary E. Holton
Area Manager

Date