



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 24, 2022

Clifford Iverson  
11585 N. Argentine Road  
Linden, MI 48451

RE: Application #: AF470405085  
**Son Rise Ranch**  
**11585 N. Argentine Road**  
**Linden, MI 48451**

Dear Mr. Iverson:

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 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>	AF470405085
<b>Applicant Name:</b>	Clifford Iverson
<b>Applicant Address:</b>	11585 N. Argentine Road Linden, MI 48451
<b>Applicant Telephone #:</b>	(586) 201-6423
<b>Licensee:</b>	Clifford Iverson
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Son Rise Ranch
<b>Facility Address:</b>	11585 N. Argentine Road Linden, MI 48451
<b>Facility Telephone #:</b>	(586) 201-6423
<b>Application Date:</b>	07/10/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

07/10/2020	Enrollment
07/16/2020	PSOR on Address Completed.
07/16/2020	Application Incomplete Letter Sent RI-030, & FPs for Clifford; AFC 100 for Nancy.
08/10/2020	Contact - Document Received AFC100 for Hayden (RP).
08/14/2020	Contact - Document Received 1326 & RI-030 for Clifford.
12/17/2020	Contact - Document Sent 10-day ltr.
12/17/2020	Contact - Document Sent E-mailed Todd (Clifford) instructions & forms for fingerprinting.
01/07/2021	Inspection Report Requested – Health Inv. #1031199.
01/27/2021	Inspection Completed-Env. Health : A.
02/04/2021	Application Incomplete Letter Sent.
02/04/2021	Contact - Telephone call made to licensee Clifford Iverson asking what county he lives in.
02/04/2021	Contact - Telephone call received Licensee Clifford Iverson reported that he lives in Livingston County.
03/05/2021	Inspection Completed On-site No on-site completed. Paperwork review conducted.
03/05/2021	Inspection Completed-BCAL Sub. Compliance.
04/06/2021	Inspection Completed On-site.
04/06/2021	Inspection Completed-BCAL Sub. Compliance.
05/26/2022	Contact - Telephone call made Talked with licensee who reported that he just got 2 puppies and is not ready for inspection. Will call back in 30 days.
06/29/2022	Inspection Report Requested – Health.
07/06/2022	Inspection Completed-Env. Health : A.
08/15/2022	Inspection Completed On-site.

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

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

Son Rise Ranch is a large ranch-style facility built in 1994. The AFC is on 10- acre lot in Linden, Michigan, which is located in Township of Deerfield, in Livingston County. There are many churches within 4 miles, including Hope Lutheran Church, Linden Presbyterian Church, Tyrone Covenant Church, and St Augustine Catholic Church. There are drugstores within a mile and Saint Joseph Mercy Livingston Hospital is 12 miles away.

Entering the family home from the front door is a foyer which has a door to the attached garage on the left and the first hallway to the right is where the four resident bedrooms are located. Three of the resident bedrooms are large enough for two-person occupancy. All of the resident bedrooms contain an attached or shared full bathrooms. There is also an additional full bathroom in the hallway that is independent to any bedroom for residents, the licensee, and guests to use. To the left of the foyer, is a kitchen with all appliances, a large eating area, a large laundry room that contains a gas powered washer and dryer. Upon entering the home straight from the foyer is a large living room with a piano, couches, television, and some exercise equipment. The facility has a three-car attached garage. The facility has ample parking available for visitors and guests.

The facility is wheelchair accessible as the home does contain a wheelchair ramp from the side door in the garage.

Mr. Iverson provided documentation of ownership of the house and the property.

The facility utilizes private water supply and private sewage disposal system. This facility was inspected by the Livingston County Health Department on 07/06/2022 and was in substantial compliance.

An on-site inspection verified the home is in substantial compliance with rules pertaining to fire safety. The facility is equipped with three gas forced heat furnaces which are located in the unfinished basement and floor separation is established by a fire-rated, fully enclosed door with fire rating tag located in the basement of the facility that is equipped with an automatic self-closing device and positive latching hardware. One furnace is original from 1994, was furnace was replaced in 2008 and a third furnace added in 2008. The furnaces were cleaned, inspected and repaired on 06/10/2022 by Hauser Heating/Air Conditioning. All are in good working condition. The facility has a gas hot water heater and the facility is 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:

Room	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	11'07" X 16'08"	193.06	2
Bedroom #2	16'06" X 12'05"	204.875	2
Bedroom #3	25'8" X 24'11"	639.52	2
Family Room	32" X 32"	1,024	0
Kitchen	11'05 X 12'11	147.47	0

The indoor living and dining areas measure a total of over 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, Clifford Iverson and his two dogs.

It is the licensee's responsibility to admit residents for the program types that he is licensed for and to not exceed the facility's licensed capacity of six (6) residents.

## **B. Program Description**

The applicant is approved to provide care to the physically handicap, developmentally disabled and/or aged population for males ages 18 and over.

Criminal history background checks of Mr. Iverson, the applicant was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Iverson submitted a statement from a physician documenting his good health and current negative tuberculosis test results were provided.

The applicant, Mr. Iverson, 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 six residents will be the responsibility of the family home applicant, Mr. Iverson, 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. Mr. Iverson 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.

Mr. Iverson 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 Mr. Iverson 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.

Mr. Iverson 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.

Mr. Iverson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Iverson 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 and as necessary.

Mr. Iverson 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.

Mr. Iverson 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.

Mr. Iverson 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.

Mr. Iverson 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.

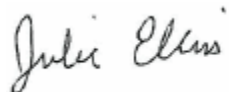
Mr. Iverson acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

### **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 six (6) residents.



08/15/2022

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Julie Elkins  
Licensing Consultant

Date

Approved By:



08/24/2022

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Dawn N. Timm  
Area Manager

Date