



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2023

Jane Siminske
9905 Mt Frederick Rd
GAYLORD, MI 49735

RE: Application #: AF690414447
Siminske Residential Care 2
9905 Mt Frederick Rd
Gaylord, MI 49735

Dear Mrs. Siminske:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF690414447
Licensee Name:	Jane Siminske
Licensee Address:	9905 Mt Frederick Rd Gaylord, MI 49735
Licensee Telephone #:	(989) 732-6203
Administrator/Licensee Designee:	N/A
Name of Facility:	Siminske Residential Care 2
Facility Address:	9905 Mt Frederick Rd Gaylord, MI 49735
Facility Telephone #:	(989) 732-6203
Application Date:	10/11/2022
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

10/11/2022	On-Line Enrollment
10/12/2022	Inspection Report Requested – Health
10/12/2022	Application Incomplete Letter Sent Sent applicant required forms.
10/20/2022	Contact - Document Received Received required RI-030 and AFC-100 forms.
05/31/2023	Inspection Report Completed – Health
06/06/2023	Inspection Completed On-site
06/15/2023	Inspection Report Received – Health
06/16/2023	Application Incomplete Letter Sent Requested remaining items.
06/19/2023	Contact – Document received.
06/21/2023	Contact – Document received.
06/21/2023	Contact – Telephone and Facetime calls to confirm compliance with remaining requirements.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This family adult foster care home is located in a rural setting outside of the city of Gaylord, Michigan. It is of new construction with a main floor and downstairs. Both floors total approximately 2500 square feet of usable space. The home sits on a 10 acre partially wooded lot.

The main level of the home contains the kitchen, dining room, living room, craft room and laundry room/bathroom. The residents have access to these main floor areas. The downstairs contains the resident bedrooms, kitchenette with dining area and activity room. There are two resident bedrooms each measuring 15 feet by 12 feet for a total area of 180 square feet. Each bedroom contains two closets giving each resident a closet of their own. The main level kitchen/dining room measures 12 feet by 11 feet and the main level living room measures 20 feet by 16 feet. The downstairs activity room measures 18 feet by 12 feet 9 inches and the kitchenette measures 14 feet by 8 feet 6 inches. This gives the residents 800 square feet of living space which exceeds the 35 square feet of required living space per resident.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' x 12'	180 square feet	2
2	15' x 12'	180 square feet	2

The main level of the home has two emergency exits leading from the home. The downstairs of the home has an exit up the stairs to the main level and has an escape window in each resident bedroom. The home is not wheelchair accessible. Fire drills will be practiced once each during daytime, evening and sleeping hours every three-month period. Some of the fire drills will be practiced using the escape windows. There are smoke detectors on both levels of the home which are interconnected and hardwired into the home's electrical system. Fire extinguishers are installed on each floor of the home. The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The heating, ventilation, air-conditioning and water heater were inspected and approved by inspector Bruce Tillinger with Otsego County Land Use Services on May 16, 2023.

The facility has private water and a septic system. An environmental health inspection was conducted on May 31, 2023. Sanitarian Donald Uzarski determined the facility to be in substantial compliance with applicable rules.

Based on the above information, it is concluded that this facility can accommodate 4 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 4 male ambulatory adults who are aged, who have a developmental disability, are physically handicapped or are diagnosed with Alzheimer's disease.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the individual plan of service.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

Programs for those diagnosed with Alzheimer's disease will include those services that preserve dignity through gentle and sensitive treatment and opportunities for

personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

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 Responsible Person Qualifications

A criminal history background check was conducted on the applicant and responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted a statement from a physician documenting their good health and current TB-tine negative results.

The applicant 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 for an adult foster care family home license is that the licensee must reside 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 4 residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 4 bed family home, there is adequate supervision with 1 responsible person on-site for 4 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability 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.miltcpartnership.org) and the related documents required to be maintained in each employee's 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.

The applicant acknowledges their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 their responsibility to obtain the required written assessment, 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 acknowledges their 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 required to be maintained within each resident's file.

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

The applicant acknowledges 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 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 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.

D. Rule/Statutory Violations

There were no rule or statutory violations.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 4).



06/30/2023

Adam Robarge
Licensing Consultant

Date

Approved By:



06/30/2023

Jerry Hendrick
Area Manager

Date