



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 25, 2024

Margaret Kelbach
313 6th Ave
MENOMINEE, MI 49858

RE: Application #: AM550412972
Partners In Care AFC
W8681 Co Rd 356
Stephenson, MI 49887

Dear Ms. Kelbach:

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 11 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 #: AM550412972

Licensee Name: Margaret Kelbach

Licensee Address: 313 6th Ave
MENOMINEE, MI 49858

Licensee Telephone #: (920) 598-0402

Administrator: Margaret Kelbach

Name of Facility: Partners In Care AFC

Facility Address: W8681 Co Rd 356
Stephenson, MI 49887

Facility Telephone #: (920) 598-0402

Application Date: 06/10/2022

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

Special Certification: Mentally Ill
Developmentally Disabled

II. METHODOLOGY

06/10/2022	On-Line Enrollment
06/28/2022	Contact - Document Sent Emailed App incomplete ltr, 1326, and RI-030
09/08/2022	Contact - Document Received 1326, AFC-100, Bcal-569
09/28/2022	Inspection Report Requested - Health 1033004
09/28/2022	Inspection Report Requested - Fire
10/21/2022	Contact - Telephone call received email received regarding information for fingerprints
10/25/2022	Contact - Document Received received workforce background check fingerprint request form
10/25/2022	Contact - Document Received emailed RI-030 again, and licensee sent receipt for prints
11/29/2022	PSOR on Address Completed
12/12/2022	Application Incomplete Letter Sent
03/09/2023	Application Incomplete Letter Sent
03/10/2023	Inspection complete Fire Safety: A
01/02/2024	Application Complete/ Onsite Needed
01/03/2024	Inspection Complete BCAL Full Compliance
01/03/2024	Special Cert Inspection Completed Onsite
01/03/2024	Inspection completed Env Health: A
01/25/2024	Recommend License Issuance
01/24/2024	SC- Application Received
01/25/2024	SC-Recommend- MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

NOTE: The home is currently licensed as an AFC Home (#AM550009067 – Licensee Designee: Holly Schlaud). When licensure is granted to Licensee Margaret Kelbach, the current license will be closed. All current residents will remain in the home during the license change transition. The home has been concurrently licensed as an AFC Home since 1987. The home is owned by Margaret Kelbach. A copy of the land contract is maintained in the file. A copy of Lake Township zoning approval is also in the file.

The facility is a three-story home with vinyl siding that is located in the country on a county road in Stephenson Michigan. The main floor of the home consists of a living room that is 314.40 square feet. A kitchen that is 100.04 square feet. A utility room that is 61.36 square feet. There are 2 bathrooms on the main floor. The downstairs consists of a seating area/family room that has a table and chairs, seating area, TV, puzzles, and games that is 203.49 square feet. The third floor is a private living area occupied by Margaret Kelbach and/or staff that are working nights.

There is a large yard/outdoor area that is available for resident use. The home is very neat, clean, and comfortably furnished.

There are 5 approved resident bedrooms on the main floor.

Bedroom 1 133.34 square feet Approved capacity 2
Bedroom 2 305.73 square feet Approved capacity 3
Bedroom 3 154.70 square feet Approved capacity 2
Bedroom 4 132.21 square feet Approved capacity 2
Bedroom 5 145.65 square feet Approved capacity 2

The home has the square footage necessary to accommodate up to 11 residents. 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 was issued a full fire safety approval on 03/10/2023 by the Bureau of Fire Safety. The home is serviced by private water and sewage. A final environmental inspection was completed by this consultant on 1/03/2024 resulting in an “A” rating.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Physically Handicapped, Developmentally Disabled, Mentally Ill, Alzheimer’s, Aged, Traumatically Brain Injured and will have Special Certification MI and DD. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. The home also provides Visiting Physicians as an option to residents. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

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 Ms. Margaret Kelbach, the licensee/administrator. Margaret Kelbach submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Margaret Kelbach has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 11-bed facility is adequate and includes a minimum of 2 staff per 6 residents on the awake-shift and 2 staff per 6 residents during the sleep shift.

The licensee acknowledged an understanding of the training and qualification 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 licensee 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 utilize the Michigan Long Term Care Partnership website (www.miltpartnership.org) to process and identify criminal history when assessing good moral character.

The licensee 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 cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working

with residents. In addition, the licensee acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The licensee 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 licensee 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 licensee 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 licensee acknowledged that their written facility menus shall reflect 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 licensee 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC medium group home (capacity 7-11).

Maria DeBacker

1/25/24

Maria DeBacker
Licensing Consultant

Date

Approved By:

Mary Holton

1/25/24

Mary E. Holton
Area Manager

Date