



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 11, 2024

Kent Vanderloon  
McBride Quality Care Services, Inc.  
3070 Jen's Way  
Mt. Pleasant, MI 48858

RE: Application #: AS370418197  
**McBride Rainbow AFC**  
**1707 W Broadway St**  
**Mt. Pleasant, MI 48858**

Dear Mr. Vanderloon:

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 and special certification 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 black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS370418197

**Licensee Name:** McBride Quality Care Services, Inc.

**Licensee Address:** 3070 Jen's Way  
Mt. Pleasant, MI 48858

**Licensee Telephone #:** (989) 772-1261

**Licensee Designee:** Kent Vanderloon

**Administrator:** Sarah Nestle

**Name of Facility:** McBride Rainbow AFC

**Facility Address:** 1707 W Broadway St  
Mt. Pleasant, MI 48858

**Facility Telephone #:** (989) 772-1261

**Application Date:** 01/24/2024

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

01/24/2024	On-Line Enrollment
01/29/2024	PSOR on Address Completed
01/29/2024	File Transferred To Field Office
02/06/2024	Application Incomplete Letter sent to Sarah Nestle and Kent Vanderloon
02/14/2024	Contact - Document Received from Sarah Nestle - Admission / discharge / refund policy, board of directors, floor plan, job descriptions, medical clearances, right to occupy, personnel policies, program statement, standard procedures, and staffing pattern.
02/15/2024	SC-Application Received – Original from Sarah Nestle
02/19/2024	Contact - Document Received - Lease, Trainings, Evac Plans, furnace inspection, budget, articles of incorporation.
02/29/2024	Contact - Document Received Furnace inspection.
03/07/2024	Application Complete/On-site Needed
03/07/2024	Inspection Completed On-site- Met with administrator, Sarah Nestle and Rebecca Lindsey
03/07/2024	Inspection Completed-BCAL Sub. Compliance
03/08/2024	Application Incomplete Letter Sent to Sarah Nestle
03/08/2024	Inspection completed – BCAL Full Compliance – Virtually – Pictures were sent of posted evacuation plans, water temperature, and handrails installed in the shower.
03/08/2024	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

McBride Rainbow AFC is located on a city lot near downtown Mt. Pleasant, Michigan, in Isabella County. The facility is a newly built two story home with blue vinyl siding and a large front porch and a smaller back porch. The facility has an open concept dining room, sitting room, and kitchen when entering the facility. To the left of the main

entrance is a larger living room which leads into a full resident bathroom. Also, on the main level is another half bathroom off the dining room. Walking through the kitchen is the facility laundry room and another exit leading out onto the back porch. The front and back porch each have a sitting area and handrails on all open sides to ensure safety for residents. In the center of the home are stairs leading to the second floor which includes a full resident bathroom and four large resident bedrooms.

The facility is not wheelchair accessible due to the facility having stairs on the inside and both entrances have stairs to enter the facility without wheelchair ramps to assist with ease of entrance. The facility utilizes a public water supply and sewage disposal system.

The facility heats with a natural gas furnace and hot water heater which 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 located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and near all flame or heat-producing equipment, to include fire extinguishers on all levels of the facility. This consultant determined the home to be in compliance with applicable fire safety rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' X 11'5"	137	1
2	13'4" X 11'5"	152	1
3	13'4" X 14'10"	197.78	2
4	14'10" X 12"	178	2

The living, dining, and sitting room areas measure a total of 456 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public

safety skills including opportunity for involvement in educational or day programs or employment and transportation. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Community Mental Health for Central Michigan as a referral source.

If needed by residents, 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, and the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the library, local restaurants, stores, and churches, etc. The facility is less than one mile from downtown Mt. Pleasant Michigan which provides a larger array of social events, restaurants, movie theater and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is McBride Quality Care Services, Inc., a "Non-Profit Corporation," established in Michigan on October 9, 1989. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of McBride Quality Care Services, Inc. has submitted documentation appointing Kent VanderLoon as licensee designee and Sarah Nestle as administrator for this facility.

Criminal history background checks for Kent VanderLoon and Sarah Nestle were completed and they were determined to be of good moral character to provide licensed adult foster care. Mr. VanderLoon and Ms. Nestle submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. VanderLoon and Ms. Nestle have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. VanderLoon has been employed with McBride Quality Care Services, Inc. for over thirty years and currently is a licensee designee and administrator for 25+ facilities. Mr. VanderLoon meets all of the AFC training requirements including many years of experience providing care for individuals who are aged and/or diagnosed with developmental disabilities and/or mental illness. Ms. Nestle has been employed with McBride Quality Care Services since 2008 as the Director of Operations and has been a public guardian for individuals with developmental disabilities and/or mental illness since June 2017. Ms. Nestle meets all of the AFC training requirements including many years of experience providing care for individuals who are aged and/or diagnosed with developmental disabilities and/or mental illness.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two direct care staff member for six residents per shift. The applicant acknowledges that the staff to resident ratio will need to be adjusted to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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 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](http://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 and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, can 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.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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 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 that are 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plan 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 and special certification to this adult foster care small group home with a maximum capacity of six (6) residents.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

03/08/2024

Date

Approved By:

*Dawn Timm*

03/11/2024

Dawn N. Timm  
Area Manager

Date