



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 13, 2024

Julie King  
7212 S. Michigan Ave  
Rothbury, MI 49452

RE: Application #: AS640418185  
Sunny Knoll North  
6699 A North Oceana Dr.  
Hart, MI 49420

Dear Ms. King:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS640418185
<b>Applicant Name:</b>	Julie King
<b>Applicant Address:</b>	7212 S. Michigan Ave Rothbury, MI 49452
<b>Applicant Telephone #:</b>	(231) 894-0049
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Sunny Knoll North
<b>Facility Address:</b>	6699 A North Oceana Dr. Hart, MI 49420
<b>Facility Telephone #:</b>	(231) 301-2414
<b>Application Date:</b>	01/08/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

01/08/2024	Enrollment Requested updated 1326/RI030
01/19/2024	PSOR on Address Completed
01/19/2024	Inspection Report Requested - Health Inv 1034188
01/19/2024	Inspection Report Requested - Fire
01/19/2024	Contact - Document Sent Fire Safety String Sent
01/19/2024	Contact - Document Sent 1326/RI030 sent
01/25/2024	Inspection Complete Environmental Health-approved
05/31/2024	Contact - Document Sent 2nd request sent
07/15/2024	Comment Licensee requested to change from large home to two small
07/18/2024	File Transferred To Field Office
07/29/2024	Inspection Completed On-site
07/29/2024	Fire Inspection Completed On-site
07/31/2024	Application Incomplete Letter Sent

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Sunny Knoll North AFC home is a stick-built facility located in Weare Township, near the city of Hart. It is half of what was previously licensed as Family Tree AFC AM640384872. Walking in the front door you enter the common area which includes a dining area. To the right is a small hall with a resident bedroom. To the left is a hallway where the resident bedrooms and bathrooms are located. There is also a staircase off this hallway which leads to another common area, kitchen, office and additional bathroom. Off this common area through patio doors is a deck area outside. The home is not wheelchair accessible. The home utilizes well and septic system.

The gas furnace and hot water heater are located in the basement of the home 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.83 x 11.42	181	1
2	14.33 x 16.08	230	2
3	13.75 x 11.25	155	1
4	14.5 x 20.92	303	2

The living, dining, and sitting room areas measure a total of 810 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** 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 male or female ambulatory adults whose diagnosis is aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant owns and operates several AFC homes and has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statement submitted to operate the adult foster care facility and current status as an active medium AFC facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff -to- residents per shift. The applicant acknowledges that the staff -to- resident ratio will change 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, 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, 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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

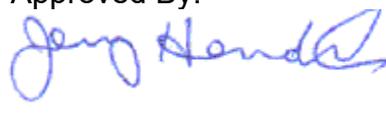
I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).

 August 13, 2024

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Rebecca Piccard Date  
Licensing Consultant

Approved By:

 August 13, 2024

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Jerry Hendrick Date  
Area Manager