



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 18, 2024

Amber Hernandez-Bunce
Cornerstone I, Inc.
P.O. Box 277
Bloomington, MI 49026

RE: Application #: AS800418389
Hillside AFC
55700 M-43
Bangor, MI 49013

Dear Ms. Hernandez-Bunce:

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 blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800418389
Applicant Name:	Cornerstone I, Inc.
Applicant Address:	98 45th St Bloomingtondale, MI 49026
Applicant Telephone #:	(269) 521-4130
Administrator/Licensee Designee:	Amber Hernandez-Bunce
Name of Facility:	Hillside AFC
Facility Address:	55700 M-43 Bangor, MI 49013
Facility Telephone #:	(269) 628-2100
Application Date:	04/01/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/01/2024	Enrollment
04/11/2024	Application Incomplete Letter Sent Requested updated 1326
04/11/2024	PSOR on Address Completed
04/11/2024	Contact - Document Sent
04/11/2024	Inspection Report Requested - Health 1034350
07/09/2024	Contact - Document Sent sent email requesting info for Karmen Ball listed as an additional LD now
08/15/2024	Contact - Document Received Proposed Budget and Program Plan.
08/21/2024	File Transferred to Field Office
08/21/2024	Application Incomplete Letter Sent
09/03/2024	Inspection Completed On-site
09/03/2024	Contact - Document Received Smoke Detector, Fire Extinguisher, and Furnace Inspection Records
09/03/2024	Inspection Completed-BCAL Full Compliance
09/24/2024	Contact - Document Received Special Certification Application.
10/03/2024	Contact - Document Sent Documents Requested.
10/14/2024	Contact - Documents Received Floor Plan, Personnel Policy, Budget, Staffing Pattern, Admission/Discharge Policies, Medical Clearance, TB Test, and Property Tax Statement.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story house with a partial basement located in rural Bangor, MI. The facility has four bedrooms and two full bathrooms in total. The facility has an open concept in the main area that includes the living room, kitchen, and dining room. The home is not wheelchair accessible due to not having ramps for access.

The home has both private water and sewer. Van Buren County District Health Department completed an environmental health inspection on 5/2/24. The home was determined to be in substantial compliance with all applicable rules.

The propane furnace and electric hot water heater are located in the basement that is equipped with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. An inspection was completed on the furnace on 4/19/24 by Fleetwood's Mechanical Services. The inspection report indicates the furnace is operating properly and in good working condition. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A Fire Alarm and Life Safety System Inspection was completed by CertaSite on 8/16/24. The inspection determined all smoke detectors are in good working order.

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

Bedroom #	Dimensions	Square Footage	Beds
1	16'7" x 9'10"	163.2	2
2	10'4" x 8'3"	85.2	1
3	11' x 13'	143	2
4	10'10" x 10'7"	114.8	1

The living, dining, and sitting room areas measure a total of 389 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 home 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 mental illness, 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. The applicant intends to accept residents from the Department of Health and Human Services, Community Mental Health Agencies, or private pay individuals as referral sources.

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 home 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. Examples of community events, programs, and opportunities to improve social skills include, but are not limited to the following: holiday parties, weekly bingo nights, movie nights and crafts, trips to the library, local recreational areas, shopping centers, political events, festivals, and church. Cornerstone also gives individuals a choice when planning activities.

C. Rule/Statutory Violations

The applicant is Cornerstone AFC, LLC., which is a "Domestic Limited Liability Company", which was established in Michigan, on 6/1/04. 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 home.

The members of Cornerstone AFC, LLC., have submitted documentation appointing Amber Bunce as Licensee Designee and Administrator for this home

A criminal history check was conducted and determined that the licensee is of good moral character and eligible for employment in a licensed adult foster care facility. Amber Bunce submitted a statement from a physician documenting her good health and current negative TB results.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Bunce has an extensive history with the adult foster care field with over 20 years of experience. Her experience started at 15 years old when she began helping her parents run their adult foster care family home in which she also resided. She then studied psychology in college and obtained her MBA in Health Care Management in 2017. She started working at Cornerstone, her parent's family business, in 2004 where she started as direct care staff before advancing to administration in 2012. Ms. Bunce continues to take ongoing training to stay abreast on relevant topics to the licensee's admission policy, program statement, and the populations in which the licensee serves.

The staffing pattern for the original license of this six-bed home is adequate and includes a minimum of 1 staff to 6 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 staffing pattern for the original license of this six-bed home is adequate and includes a minimum of 1 staff to 6 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 home 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) 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, 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 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 to document the date and amount of the adult foster care service fee paid each month and all 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

It is recommended that a temporary license and special certification be issued for a capacity of 6.

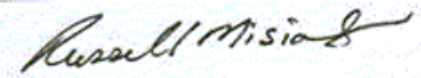


10/18/24

Kristy Duda
Licensing Consultant

Date

Approved By:



10/18/24

Russell B. Misiak
Area Manager

Date