LICENSE APPLICATION FEE TRANSMITTAL

Michigan Department of Consumer and Industry Services
Bureau of Regulatory Services

License Number

Applicant/Licensee Name: Sweets, Linda Dwaye
Applicant Address: 15357 Chippewa St.
City, State, Zip: Buchanan, MI 49107

Facility/Home Name: Sanlend Services US31
Facility/Home Address: 2031 US. 31 North.
City, State, Zip: Niles MI 49120

Facility/Home Type:
40 ☒ Adult Foster Care (All Types) AS
41 ☐ Family or Group Day Care Home
42 ☐ Child Care Center
43 ☐ Child Caring Institution
44 ☐ Child Placing Agency
45 ☐ Children's Camp

Application Type: ☒ Original ☐ Renewal
Capacity: 6

LICENSE APPLICATION FEE DUE: $ 105.00

Consultant Information: Consultant Number (6 digits): 010459 - Bender

Name: Bureau of Regulatory Services
Office Address: 890 N. 10th Street, 2nd Floor
City, State, Zip: Kalamazoo, MI 49009-9178

MAY 10 2001

AMOUNT ENCLOSED: $ 105 00

Check or Money Order #: 3674

Applicant Signature: Linda Dwaye 4/20/01
Date

SEND FEE AND THIS FORM TO:

CASHIER
MI Department of Consumer and Industry Services
P.O. Box 30654
Lansing, MI 48909-8154

Tran Info:2040 3541417-1 05/03/01
Chk#: 3674
ID: Amt: $105.00
SANLIND SERVICES

BRS-2006 (REV 4-99)

(5)

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Office of Fire Safety
Tony Sanfilippo, Director
P.O. Box 30700
Lansing, MI 48909-8200
Telephone: 517-322-1123
Fax: 517-322-1356
www.cis.state.mi.us/fire
Hotline: 1-888-231-6340

RECEIVED
AUG 14 2001
BUREAU OF REGULATORY SERVICES
KALAMAZOO COUNTY

August 9, 2001

Mr. Sam Quaye
15357 Chippewa
Buchanan, MI 49107

Dear Mr. Quaye:

Re: Samlind Services AFC
2031 U.S. Old 21 N.
Niles/Berrien
AS110237511
AFG-11-56-01(2)

On July 24, 2001 Ed de Varona of our Adult/Child Unit conducted a follow-up inspection of the above captioned facility using the licensing rules for adult foster care small group homes. At this time Mr. de Varona reports that all of the fire safety deficiencies that had been previously cited have now been corrected. This project is in compliance with the fire safety portion of the administrative rules for licensing adult foster care small group homes (1-6).

If you have any questions, please contact me at 517/ 322-1525.

Sincerely,

James C. Perry, Supervisor
OFS-Adult/Child Unit

cc: Monte Bender
Ed de Varona
File

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

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Hotline: 1-888-231-6340

RECEIVED
JUL - 3 2001
BUREAU OF REGULATORY SERVICES
KALAMAZOO COUNTY

June 28, 2001

Mr. Samuel Quaye
15357 Chippewa
Buchanan, MI 49107

Dear Mr. Quaye:

Re: Quaye AFC Group Home
2031 N. U.S. 31
Niles/Berrien
AM110093905
AFG-11-89-00(3)

On June 27, 2001 Ed de Varona of our Adult/Child Unit conducted a follow-up inspection of the above captioned facility using the licensing rules for Adult Foster Care Small Group Homes.

The following fire safety deficiencies were noted and must be corrected:

1. Comply with Rule 506.
Provide a minimum 2A:10B-C extinguisher prominently mounted on each floor, including the basement and new addition.

2. Comply with Rule 507 (5).
Ensure that all doors along the means of egress including bedrooms, bathrooms, doors along the path to the outside exit doors, outside exit doors, and the screen doors, are equipped with hardware that requires only a single motion to open from the inside even when the doors are locked.

3. Obtain an inspection and written approval of the electrical wiring in the new addition by the local inspecting authority and make a copy of the approval available for review.

When the above deficiencies have been corrected, please contact your Licensing Consultant. If you have any questions, please contact me at 517/ 322-1525.

Sincerely,

James C. Perry, Supervisor
Adult/Child Unit
Office of Fire Safety

cc: Monte Bender
Ed de Varona
Book

(c)

Samlind Services

15357 Chippewa St..
Buchanan, MI 49107

Phone: 616-695-3947
Fax: 616-695-4632

July 29, 2001

Mr.Montey Bender
Bureau of Regulatory Services
890 N. 10th Street, 2nd Floor
Kalamazoo, MI 49009

Dear Mr. Bender,

RE: Statement Of None Use.

This statement is a follow up of our pre-licensing inspection to confirm that no client/consummer will occupy the adjouring rooms to the first floor. Also we will not use the fire place owning the location of the themostate on the furnace, the fire place will not be the most effient distribution of heat throughout the house during the cold seasons of the year.

Sincerely,

Linda Quaye

Linda Quaye.

Berrien County Health Department

October 1, 2001

Mr. Monte Bender
Bureau of Regulatory Services
Adult Foster Care Licensing Division
890 N. 10th Street, 2nd Floor
Kalamazoo, MI 49009

RE: Evaluation of Proposed Water Well Upgrades
Samiland Services - #AS110237511
2031 U.S. 31 North, Niles, MI

Dear Mr. Bender:

Please accept this letter as a response to your request for an evaluation of the proposed water well construction upgrades at the above-referenced facility.

Based upon this Department's evaluation of the water supply well at the subject facility on June 27, 2001, and a review of the work Proposal by Dohm Well Drilling, the proposed materials list indicates that the installation of said would bring the well into compliance with current construction codes.

As discussed in our recent telephone conversation, this Department will conduct a re-inspection of the subject facility well upon completion of upgrade activities to assure compliance with current well construction codes. At the time of re-inspection, an additional water sample will also be collected and submitted for laboratory bacteriologic analysis.

If you have questions or desire additional information, please do not hesitate to contact me at (616) 927-5657.

Sincerely,

Kevin A. Kasischke
Environmental Health Sanitarian

PLEASE REPLY TO:

☐ **Benton Harbor Office**
769 Pipestone St., P.O. Box 706
Benton Harbor, MI 49023
926-7121
Fax: 926-8129

☐ **St. Joseph Office**
4066 Red Arrow Hwy.
St. Joseph, MI 49085
428-5000

☐ **Niles Office**
South County Bldg.
1205 N. Front Street
Niles, MI 49120
684-2800

☐ **Three Oaks Office**
21 North Elm
Three Oaks, MI 49128
756-2008

ENVIRON NTAL HEALTH INSPECTION RE RT (PART A)
WATER SUPPLY AND SEWAGE DISPOSAL
Michigan Department of Consumer and Industry Services

RECEIVED
JUL 19 2001
BUREAU OF REGULATORY SERVICES
KALAMAZOO COUNTY

1. Name of Facility			3. License Number
SAMLINK SERVICES - US 31			AS110237511
2. Address of Facility (Number and Street)			4. Type of Facility
2031 US-31 N.			AFCGH/CF
City	State	Zip Code	5. Have there been any major changes to buildings and grounds since the last inspection? ☐ NO ☐ YES ▶ If yes, describe in 5a.
NILES	MI	49120	
5a. Describe major changes to buildings and grounds since last inspection.			

SECTION 1 - WATER SUPPLY SYSTEM

6. Is a municipal water supply system available?	9. Bacteriological Analysis	10. Date Sampled
☐ YES ☒ NO	☒ SAFE ☐ UNSAFE	6/27/01
7. If yes, is it utilized? ☐ YES ☐ NO	11. Explain: WELL CASING TERMINATES BELOW GRADE IN A PIT	
8. Is the private well construction, location and maintenance satisfactory? ☐ YES ☐ UNABLE TO DETERMINE ☒ NO (Explain)	SUBJECT TO FLOODING AND WELL LACKS A CASING VENT.	

12. CHEMICAL ANALYSIS (Where necessary)

CHEMICAL TYPE	DATE SAMPLED	CONCENTRATION	RECOMMENDED LIMITS
Nitrates (No_3)	6/27/01	NOT DETECTED PPM	10.0 PPM
		PPM	PPM

13. PRIORITY STATUS (If any water supply system is unsatisfactory, indicate your priority recommendation and explain)

Priority (Back of Form)	Reason for Priority
☐ I ☒ II ☐ III ☐ IV	SEE #11 ABOVE.

14. If water supply system is not satisfactory, cite administrative rule number, violation and means of correction:
THE WELL CASING TERMINATES IN A PIT WHICH WAS FLOODED AT TIME OF INSPECTION. THE WELL MUST BE BROUGHT UP TO CODE BY EXTENDING THE WELL CASING AND PUMPING EQUIPMENT 12" ABOVE GRADE, INSTALLING A CASING VENT, AND FILLING IN THE PIT WITHIN 12 MONTHS. THIS DEPARTMENT RECOMMENDS THAT WATER SAMPLES BE COLLECTED AND SUBMITTED TO AN APPROVED LABORATORY FOR COLIFORM ANALYSIS EVERY SIX MONTHS.

SECTION 2 - SEWAGE DISPOSAL SYSTEM

15. Is a municipal sewage disposal system available?	17. Explain:
☐ YES ☒ NO	
16. If yes, is it utilized? ☐ YES ☐ NO	

18. If the sewage disposal system is not satisfactory, cite administrative rule number, violation and means of correction:

Use Additional Sheets When Necessary and Refer to Item Numbers

RECOMMENDATION

A. ☐ This facility has been determined to be in substantial compliance with applicable rules.
B. ☐ Because of the above listed deficiencies, temporary approval is recommended until the next annual inspection or report.
C. ☒ Because of the above listed deficiencies, temporary approval is recommended until (date) 7/17/02.
D. ☐ This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended.

If you have any questions concerning this report, please contact the inspecting health agency named below.

19. Name of Inspecting Health Agency	20. Agency Telephone Number		
BERRIEN COUNTY HEALTH DEPT.	616-927-5623		
21. Agency Address (Number, Street)	22. City	23. Zip Code	24. Time Spent
2106 S. M-139, PO BOX 706	BENTON HARBOR, MI	49022	
25. Interviewee Signature	26. Signature of Sanitarian		27. Inspection Date
			6/27/01

BRS-1788 (Rev. 10-97) Previous edition obsolete.

LICENSING CONSULTANT

8

WELL DRILLING & REPAIRING • SALES, SERVICE & PARTS
NEW & USED PUMPS & MOTORS
SUBMERSIBLE SERVICE

DOHM WELL DRILLING

JOSEPH SCHAUS
(616) 782-5818 (DAYS)

55100 M-51 NORTH
DOWAGIAC, MI 49047

Proposal

Dohm Well Drilling

(616) 782-5818

55100 M-51 North Dowagiac, MI 49047

PROPOSAL SUBMITTED TO [illegible] Sullivan	PHONE 795-2947	DATE 7 Aug 01
STREET 2051 115 21 North	JOB NAME	
CITY, STATE, AND ZIP Niles MI.	JOB LOCATION	

We hereby submit specifications and estimates for:

1 [illegible] Deep Well Pump	450.00
1" x 1" Galv. Steel Pipe 6 inch ft	77.00
Pitless Adapter Kit	150.00
2" Suction 2 inch ft	21.25
1 Underground Valve	50.00
Small Fittings	175.00
	953.25
Tax	57.20
Labor	425.00
	1,410.25

Customer is responsible for obtaining well permit.
Owner's responsibility to collect water sample.
Site restoration is homeowner's responsibility. Not responsible for any lawn damage (Landscaping, shrubs, trees, yard, or driveway).
It is expressly agreed that the material furnished by the driller and used in the construction of the well is to remain the personal property of the driller, it is not to become part of the real estate until it is fully paid for. If the payment is not made as specified in the contract, the driller shall have the right to enter upon the premises and remove any or all of the material at his option, such right of repossession to be in addition to all other rights and means afforded under the laws of the State of Michigan for the enforcement of contracts and obligations. It is agreed that the driller is to retain all sums previously paid, as compensation for his labor and the use of his material.

We Propose hereby to furnish material and labor—complete in accordance with above specifications, for the sum of: One thousand four hundred ten dollars & 25/100 dollars ($ 1,410.25).

Payment to be made as follows:

½ down, balance upon completion. Customer will be charged 1.5% per month interest on outstanding balance if not paid in 30 days. After 90 days, any outstanding balance will require collection measures or repossession of well materials.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature Joseph Fellows

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature_____

Date of Acceptance_____ Signature_____

(6)

Niles Township Building Department

White Copy - - - Building Dept.
Yellow Copy - - - Owner or Agent

INSPECTION RECORD

Phone 687-2741 Fax 684-1996 Ordinance #38

Date 12-15-00

Permit # E00-235

NATURE OF INSPECTION ELECTRICAL ROUGH IN

LOCATION 2031 OLD US 31 N USE OF BLDG. RES.

OWNER S. QUAYE CONTRACTOR OWNER

REMARKS OR CORRECTION ORDERS:

INSTALLATION OF GYPSUM BOARD AROUND EXISTING AND NEW CONVENIENCE OUTLETS AND SWITCHES COMPLIES WITH MICHIGAN ELECTRICAL CODE

OWNER OR AGENT X [signature] INSPECTOR [signature]

KALAMAZOO CO
MAY - 2 2001
APC LICENSING DIV

(2)

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

7109 W. Saginaw, 2nd Floor
P.O. Box 30650
Lansing, Michigan 48909
(517) 335-6124
Fax (517) 335-6121
www.cis.state.mi.us/brs/

August 13, 2001

Mr. & Mrs. Samuel Quaye
15357 N. Chippewa Street
Buchanan, Michigan 49107

Re: Documents Received
Samlind Services Old US-31 N.
Application # AS110237511

Dear Mr. & Mrs. Quaye:

The purpose of this letter is to confirm that I have received the following documents:

Received on July 30:
- Training Plan
- Statement of Purpose,
- Statement of Non-use (adjoining rooms on the first floor; fire place),
- Identification of Administrator,
- Proposed Staffing Pattern,
- Program Statement,
- 1st Shift Duties (job description),
- Admission and Discharge Policy, Including Grievance Procedure.

Received on August 6:
- Statement of Non-use (First floor bedroom,
- Statement of kitchen ware purchase,
- Emergency Procedures (missing persons, Fire Evacuation Plan, Bomb Threats, and Tornado),
- Emergency Repair Phone Numbers.

Received August 8:
- Plan of Correction (Washing of outside of house/ Windows washed quarterly,
- Well Repair CAP (Environmental Inspection) by Dec. 31, 2001.

If you have questions in this matter or require technical assistance, please call me at (616) 544-1278.

Respectfully yours,

Monte B. Bender, Licensing Consultant
Adult Foster Care Licensing Division
890 N. 10th Street, 2nd Floor
Kalamazoo, Michigan 49009-8023

Cc: Case File

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

7109 W. Saginaw, 2nd Floor
P.O. Box 30650
Lansing, Michigan 48909
(517) 335-6124
Fax (517) 335-6121
www.cis.state.mi.us/brs/

August 1, 2001

Samlind Services
Samuel & Linda Quaye
15357 N. Chippewa Street
Buchanan, Michigan 49107

Re: AS110237511
Samlind Services - Old US-31 North

Dear Mr. & Mrs. Quaye:

This letter is a follow-up to the on-site inspection conducted at your facility on July 31, 2001. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for an Adult Foster Care small group home.

The following violation was found and needs your attention:

R 400.14403 Maintenance of premises.
(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. Windows need to be cleaned completely to eliminate outside dirt/cloudiness.

R 400.14401 Environmental health.
(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required... Environmental Health Inspection Report provided a C rating which requires you to meet Health Department requirements. (See accompanying report.)

Due to the violations identified in this letter, **a written corrective action plan** is required. The corrective action plan is due 15 days from the date of this letter and must include the following:
How compliance with each rule will be achieved.

Who is directly responsible for implementing the corrective action for each violation.
Specific time frames for each violation as to when the correction will be completed or implemented.
How continuing compliance will be maintained once compliance is achieved.
The signature of the responsible party and a date.

The department provides technical assistance to meet the licensing requirements and consultation to improve services.

Please feel free to contact me with any questions. In the event that I am not available, please feel free to contact Robert Bond, Area Manager, at (616) 544-1270.

Sincerely,

Monte B. Bender, Licensing Consultant
Adult Foster Care Licensing Division
890 North 10th Street, 2nd Floor
Kalamazoo, Michigan 49009-8023

(616) 544-1278

Enclosures
Forms for Facility.

Cc: Case File.

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

7109 W. Saginaw, 2nd Floor
P.O. Box 30650
Lansing, Michigan 48909
(517) 335-6124
Fax (517) 335-6121
www.cis.state.mi.us/brs/

July 13, 2001

Samlind Services
Mr. & Mrs. Samuel Quaye
15357 Chippewa Street
Buchanan, Michigan 49107

Re: AS110237511
Samlind Services AFC - N Old US-31 North

Dear Mr. & Mrs Quaye:

This letter is a follow-up to the on-site inspection conducted at your facility on Thursday, July 12, 2001. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for an Adult Foster Care small group home.

The violations that were found are indicated in the Addendum To Compliance Record accompanying this letter.

A follow-up inspection be made to verify compliance. Please notify me when you are ready for the follow-up inspection.

The department provides technical assistance to meet the licensing requirements and consultation to improve services.

Please feel free to contact me with any questions. In the event that I am not available, please feel free to contact Robert Bond, Area Manager, at (616) 544-1270.

Sincerely,

Monte Bender, Licensing Consultant
Adult Foster Care Licensing Division
890 N. 10th Street, 2nd Floor
Kalamazoo, Michigan 49009-8970
Telephone (616) 544-1278

Enclosure.

Enclosures

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
820 N. 10th Street, 2nd Floor
Kalamazoo, Michigan 49009-8023
Web http://www.cis.state.mi.us/brs/afc
Ph: 616-544-4445
FAX: 616-544-1264

May 3, 2001

Mr. & Mrs. Samuel Quaye
Samlind Services
15357 Chippewa Street
Buchanan, Michigan 49107

Re: Application - Small Group (1 - 6)
Samlind Services - US-31
2031 US-31
Niles, Michigan 49120

Dear Mr. & Mrs. Quaye:

The purpose of this brief letter is to confirm that I have received your application for Samlind Services US-31 (a small group home, 1-6). I will be initiating environmental and fire safety inspections in the very near future.

If you have any questions or concerns please call me at (616) 544-1278.

Respectfully yours,

Monte B. Bender, Licensing Consultant
Division of Adult Foster Care Licensing

cc: Case file.

(11)

Samlind Services

15357 Chippewa Street
Buchanan, MI 49107

Phone (616) 695-3947
Fax (616) 695-4632

August 08, 2001

Bureau of Regulatory Services
Adult Foster Care Licensing Div.
890 N. 10th St. 2nd Floor
Kalamazoo, MI 49009-8023

Attn: Monte Bender

Dear Mr. Bender,

I am writing in response to your letter of August 1, 2001 regarding our pre-licensing inspection. In pursuit of the licensure for the home, we have decided to not only wash the windows, but pressure wash the whole house which will be completed by August 11, 2001. This will be performed by licensee, Sam Quaye. Windows will be washed quarterly.

Regarding the water well we hope to complete that by December 31, 2001. I have also enclosed for your information the name of the contractor who will be working to bring the water system to compliance. Will further fax you a copy of the quote when received.

Re: Samlind Services
2031 Old US 31 N.
Niles
(AS1102375 11)

Sincerely,

Linda Quaye

Linda Quaye.

(12)

Samlind Services

15357 Chippewa St..
Buchanan, MI 49107

Phone: 616-695-3947
Fax: 616-695-4632

August 03, 2001

Mr. Montey Bender
Bureau of Regulatory Services
890 N. 10th Street, 2nd Floor
Kalamazoo, MI 49009

Dear Mr. Bender,

RE: Statement Of None Use and Home Utensils Purchase

This statement is a follow up of our license inspection July 31, 2001. No client/consumer will occupy bedroom on the first floor. Also we have purchased the flat ware and glass ware for the home.

Sincerely,

Linda Quaye

Linda Quaye.

(2)

Samlind Services

15357 Chippewa St.
Buchanan, MI 49107

Phone: 616-695-3947
Fax: 616-695-4632

July 05, 2001

Ed de Varona
Office of Fire Safety
P. O. Box 30700
Lansing, MI 48909

Dear Mr. de Varona,

Quaye AFC Group Home
2031 US 31 North
AM110093905

This is a follow up of your letter of June 28, 2001. As discussed while you were on site, the fire extinguishers were installed on all the floors, and all doors with locking against the egress were disabled.
As further discussed, copies of the electrical inspection and receipt of the fire extinguishers were faxed to your office. However, if you did not receive such, we have attached a copy of each for your action.
By a copy of this letter, Mr. Bender is being apprised that the defficiencies mentioned thereof have been corrected.

Sincerely,

Sam Quaye.

cc: Monte Bender
J.C. Perry

(12)

07/05/01 12:34A P.004

White Copy - - - Building Dept.
Yellow Copy - - - Owner or Agent

Niles Township Building Department

INSPECTION RECORD

Phone 687-2741 Fax 684-1996 Ordinance #38

Date 12-15-00

Permit # E00-235

NATURE OF INSPECTION ELECTRICAL ROUGH IN

LOCATION 2031 OLD US 31 N USE OF BLDG. RES.

OWNER S. QUAYE CONTRACTOR OWNER

REMARKS OR CORRECTION ORDERS:

INSTALLATION OF GYPSUM BOARD AROUND EXISTING AND NEW CONVENIENCE OUTLETS AND SWITCHES COMPLIES WITH MICHIGAN ELECTRICAL CODE

OWNER OR AGENT X [signature]

INSPECTOR V. Thornton

MICHIANA FIRE & SAFETY,INC.

8137 PAINTER SCHOOL ROAD
BERRIEN CENTER, MI 49102

Sales Receipt

DATE	SALE NO.
6/27/2001	90

SOLD TO

LINDA QUAYE
2031 US 31 NORTH
NILES, MI 49120

CHECK NO.	PAYMENT METHOD	PROJECT
	Cash	

DESCRIPTION	QTY	RATE	AMOUNT
NEW 5# ABC AMEREX FIRE EXTG.	4	36.95	147.80T
SALES TAX		6.00%	8.87

Total $156.67

(12)

DISTRIBUTION:
PART 1 - Licensing Record
PART 2 - Applicant/Licensee
PART 3 - Consultant

ADDENDUM TO COMPLIANCE RECORD

Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER 1 OF 4

Date 7/12/2001

FACILITY NAME: Sunlind Svc. AFC Home - Oblivs - 21N

License Number: AS110237511

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
	The following items represent non-compliances cited during my initial inspection of the facility. The need to be in compliance with the licensing rules for adult foster care small & group homes before a license can be approved.	
	Trainings:	
R400.14 103(1)(b-e)	Program Statement.	
R400.14 103(1)(f-i)	Job description - Direct Staff	
R400.14 103(1)(j)(iii)	Standard Procedures	
R400.14 103(1)(k)(iv)	Proposed Staffing Pattern	
R400.14 803 & 804	Training Plan	
R400.14 301(1)	Resident Care Agreement Statement.	
R400.14 202	Statement identifying administrators.	
R400.14 703(1)(a)	Evacuation Procedures / Emergency Relocation Plan	
R400.14 103(1)(l)	Floor Plan of Disclosed Units	
	Natural gas detectors required. Must have electrical inspection for safety reasons. A new fire safety inspection has been requested.	

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the above findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature: Debbie Barker	Date: 7/12/01

Authority: No. 116 of 1973, as amended.
No. 218 of the Public Acts of 1979, as amended.

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

BRS-1893 (Rev. 2/00) Previous edition may be used.

(2)

DISTRIBUTION:
PART 1 - Licensing Record
PART 2 - Applicant/Licensee
PART 3 - Consultant

ADDENDUM TO COMPLIANCE RECORD

Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER 2 OF 4

Date 7/12/2001

FACILITY NAME: Sunbird Sav. AFC Home Dist US 31 N.

License Number: AS110277511

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
R400.14 403(6)	OK Handrails on deck front + back need painting.	6/0
	OK Handrail on ramp bowed in center needs secur.	
R400.14 403(6)	OK Need handrail in bathtub area 2nd floor bath.	6/0
403(7)	OK Non-Skid around open stairwell landing	Upon removal.
R400.14		
403(2)	O - Windows throughout are to be cleaned - including windows wells, sills, etc.	
	OK - Carpeting in all bedrooms require cleaning	
	OK - Clean or replace carpeting in stairway / hallway leading to 2nd floor.	6/0
403(5)	OK - Rooms in upstairs bedrooms require painting including all unfinished doors.	6/0
	OK Walls in bedroom #2 require finishing + painting	6/0
R400.14 408	Bedroom #11 (1st floor) staff bedroom	
408	- Windows did not open -	
	No screen on window	
	No curtain	
	No pictures	

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature [signature]	Date 7-12-2001

Authority: No. 116 of 1973, as amended.
No . 218 of the Public Acts of 1979, as amanded.

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ADDENDUM TO COMPLIANCE RECORD

Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER 3 OF 4

Date 7/11/2001

FACILITY NAME: Devoted Services ARC Home 0020531N

License Number: AS110237511

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
R400.14 408	Bedroom #1: (Continued)	
410	- No closet, No drawer	
	- No chair	
	- Lighting need improvement	
	Bedroom #2:	
	OK - walls need cleaning / painting	
	OK - No chair	
	OK - Lighting needs improvement	
	OK - Ceiling needs cleaning / painting	
	Bedroom #3:	
	OK - No chair	
	OK - Closet needs lighting	
	OK - Closet ceiling / wall needs painting	
	Bedroom #4:	
	OK - No chair	
	OK - Closet needs lighting.	
	OK - Closet ceiling / wall needs painting.	

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the above findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature M. Denker	Date 7/11/2001

Authority: No. 116 of 1973, as amended.
No. 218 of the Public Acts of 1979, as amended.

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Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER 4 OF 4

Date 7/12/2001

FACILITY NAME: Dunkirk Sr. AFC Home — Old US 31 N.

License Number: AS110237511

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
	Statement regarding the residents in the new living.	new
	Statement regarding use of the fire place.	
	Posting of emergency procedures and emergency telephone numbers.	
	Please notify me when you are ready for a follow up inspection. 7/31/2001	

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the above findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature [signature]	Date 7/12/2001

Authority: No. 116 of 1973, as amended.
No . 218 of the Public Acts of 1979, as amended.

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Corrective Action Statement

ADDENDUM TO COMPLIANCE RECORD

Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER 1 OF 4

Date 7/12/2001

FACILITY NAME: Sawlind Svc. AFC Home

License Number: AS110237511

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
	The following items represent non-compliances found during my initial inspection of the facility. In order to be in compliance with the licensing rules for adult foster care small group homes before a license can be approved.	
	Findings:	
R400.14 103(1)(a-c)	✓ Program Statement.	
R400.14 103(1)(b)(ii)	✓ Job description - Day Shift	
R400.14 103(1)(b)(iii)	✓ Standard Procedures	
R400.14 103(1)(b)(iv)	✓ Proposed Staffing Pattern	
R400.14 263, 264.	✓ Training Plan	
R400.14 30.1(b)	✓ Resident Care Agreement Statement.	
R400.14 202	✓ Statement identifying administrators.	
R400.14 3.17(1)(a)	? ✓ Evacuation procedures / Emergency Preparedness Plan	
R400.14 (03.(1)(m)	✓ Final page of Discharge Policy.	
	Electrical inspection approval. Niles Twp electrical inspector	
	Fire Safety approval. A new fire safety inspection has been requested.	7/26/01

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature: J Mark Parker	Date 7/12/2001

Authority: No. 116 of 1973, as amended.
No . 218 of the Public Acts of 1979, as amanded.

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Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER 2 OF 4

Date 7/12/2001

FACILITY NAME: Samaritan Sve. Act Home — Old US 31 N.

License Number: AS110233511

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
R400.14 703(8)	Handrails on deck front + back need reinforcing.	
	Handrail on front porch to east missing	7/26/01
R400.14 703(1)	Need handrail in bathtub area - 2nd floor back.	
703(8)	Handrail around open stairwell leading from basement.	7/26/01
R400.14		7/16/01
703(4)	- Windows throughout are to be cleaned - including	
	windowsills, sills, etc.	
	- Carpeting in all bedrooms requires cleaning	7/18/01
	- Clean or replace carpeting in stairway/hallway	
	leading to 2nd floor.	7/23/01
703(5)	- Doors in ~~ng~~ bedrooms require painting	
	including all unfinished doors.	7/20/01
	- Walls in bedroom #2 require finishing + painting	
		7/20/01
R400.14		
408	Bedroom #1 (1st floor)	
411	- Windows did not open -	Staff Room
	No screen on windows	
	No mirror	
	No pictures	

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature: Debbie Bender	Date: 7/12/2001
Authority: No. 116 of 1973, as amended. No . 218 of the Public Acts of 1979, as amanded.	The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.	

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BUREAU OF REGULATORY SERVICES

PAGE NUMBER 3 OF 4

Date 7/12/2001

FACILITY NAME: Sanford Senior AFC Home — Old 205 31 N

License Number: AS110232571

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
R400.1708	Bedroom #1: (Continued)	Staff
1410	- No closet, No dresser	Room
	- No chair	
	- Lighting need improvement →	7/24/01
	Bedroom #2:	
	- walls need cleaning / painting	7/23/01
	- no chair	7/23/01
	- lighting needs improvement	7/23/01
	- ceiling needs cleaning / painting	7/23/01
	Bedroom #3:	
	- no chair	7/23/01
	- Closet needs lighting	7/23/01
	- Closet ceiling/wall needs painting	7/23/01
	Bedroom #4:	
	- no chair	7/23/01
	- Closet needs lighting	7/23/01
	- Closet ceiling/wall needs painting	7/21/01

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature M. Benkin	Date 7/12/2001

Authority: No. 116 of 1973, as amended.
No . 218 of the Public Acts of 1979, as amanded.

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Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER 4 OF 4

Date 7/26/2001

FACILITY NAME: Sandi's Sr. Adult Home — Old 25 31 N.

License Number: AH110237511

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)
	✓ Statement regarding no residents in the morning.	7/26/01
	✓ Statement regarding awareness of the fire plan.	7/26/01
	✓ Posting of emergency procedures and emergency telephone numbers.	7/23/01
	Please notify me when you are ready for a follow-up inspection.	a follow-

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature S. M. Sandi	Date 7/26/2001
Authority: No. 116 of 1973, as amended. No . 218 of the Public Acts of 1979, as amanded.	The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.	

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PAGE NUMBER	OF
Date	

FACILITY NAME

License Number

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)

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I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature	Date

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I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature	Date
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PAGE NUMBER / OF
Date

FACILITY NAME	License Number

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature	Date
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Department of Consumer and Industry Services
BUREAU OF REGULATORY SERVICES

PAGE NUMBER / OF	
Date	
FACILITY NAME	License Number

Rule No.	OBSERVATIONS/COMMENTS	Correction Required by (Date)

The Department expects that any non-compliance cited will be corrected by the deadlines established above. Failure to correct rule violations may be cause for an adverse licensing recommendation.

I have read and reviewed the obove findings.	Licensee Signature	Date
I verify that the findings reported above for this organization are true to the best of my knowledge.	Consultant Signature	Date
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State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

7109 W. Saginaw, 2nd Floor
P.O. Box 30650
Lansing, Michigan 48909
(517) 335-6124
Fax (517) 335-6121
www.cis.state.mi.us/brs/

September 28, 2001

Samlind Services
Samuel & Linda Quaye
15357 Chippewa Street
Buchanan, Michigan 49107

RE: Lic./App. #: AS110237511
Samlind Services Old US-31 N
2031 US-31
Niles, Michigan 49120

Dear Mr. & Mrs. Quaye:

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 six month temporary license with a maximum capacity of 6 is issued effective September 28, 2001.

You are required to complete your corrective action regarding the the well within the time frame stipulated in the Corrective Action Plan. Failure to do so may result in the failure to renew your AFC license for this facility.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Robert Bond, Area Manager, at (616) 544-1270.

Sincerely,

Monte B. Bender

Monte Bender, Licensing Consultant
Adult Foster Care Licensing Division
890 North 10th Street, 2nd Floor
Kalamazoo, Michigan 49001-8023
(616) 544-1278

enclosure

lsr.dot 7/23/01

(16)

MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF REGULATORY SERVICES
ADULT FOSTER CARE LICENSING DIVISION
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS110237511
Licensee/Applicant Name:	Samuel Quaye & Linda Quaye
Licensee/Applicant Address:	15357 Chippewa Street Buchanan Michigan 49107 (616) 695-3947
Admin/Lic. Designee:	Samuel Quaye & Linda Quaye
Name of Facility:	Samlind Services Old US-31 N
Facility Address:	2031 US-31 Niles Michigan 49120
Facility Telephone #:	(616) 683-4108
Application Date:	May 2, 2001
Proposed Capacity:	0006
Program Type:	Developmentally Disabled & Mentally Impaired

II. METHODOLOGY

Directions to the facility – I 94 west to Exit 25 (Berrien Springs/South Bend). Travel south on Old US-31 out of Berrien Springs, approximately 7 miles. Just before the intersection of M-140 and Old US-31 and just past the cemetery on the left is the facility. Chain link fence surrounds the facility and property.

Inspection process - The physical plant was inspected by this consultant on July 12, 2001 and again on July 31, 2001. Fire Safety inspections and an environmental inspection were also conducted at the facility. These reports are discussed later in this report.

Mr. and Mrs. Quaye were both interviewed during these inspections. The licensees live in a neighboring community approximately 10 miles from the facility.

All required documents have been received and reviewed for completeness and for meeting the requirements as specified in the administrative rules for adult foster care small group homes.

The Quality of Care issues were addressed by review of the application materials and interviews with and orientation of the licensees regarding resident care records, staff records, and the rules relating to resident care. Quality of Care will be further evaluated at the time of license renewal when residents are in care.

III. DESCRIPTION OF FINDINGS

Basis for the investigation is Act 218 of the Public Acts of 1979, as Amended, and the Administrative Rules For Adult Foster Care Small Group Homes.

A. Physical Description of Facility

1. Environmental:

   a. Property Ownership – The file contains a copy of the Warranty Deed indicating that Mr. & Mrs. Quaye are owners of the facility.

   b. Physical Description of Structure – This is a three story wood frame structure with a full basement. The facility is served by natural gas for both a forced air furnace and a hot water heater, both of which are located in the basement. The basement also has a recreation room, laundry room, and a full bath. There is emergency exit from the basement leading to the outside. The first story or main floor is approximately 4 feet above grade. It has a kitchen/dinette area, a dining room with a sliding door to a deck overlooking the back yard. There is one small bedroom off the dining room that is designated

for a staff bed room. There is also a living area and a small den or sitting room with a half bath.

The garage area is attached to the house, but has been converted into two bedrooms and a full bath. A breeze way connects the garage with the house. This area is not intended for AFC resident use. A written statement confirming that plan is contained in the licensing record.

The second story has three bedrooms, each with two beds. The bathroom is a full bath with a bathtub/shower combination. There is a fourth room that is vacant. This room is accessed only through one of the bedrooms. The licensees have been informed that this room is not to be used since AFC licensing rules prohibit trafficking through a resident bedroom.

There is a bedroom on the third story of the facility that is to be used by live-in staff, not residents.

The facility grounds are surrounded by chain link type fencing. There is a in-the-ground swimming pool that is also fenced in from the rest of the grounds.

The facility is serviced by private well and a private septic system.

c. Square footage of bedrooms and living space:

Resident Bedrooms (all on the second floor):		
#2 two bed (11'5" x 12'0")	=	137 sq. ft.
#3 two bed (15'3" x 12'3")	=	186 sq. ft.
#4 two bed (13'3" x 12'2")	=	161 sq. ft.
First Floor:		
Dining area (12'9" x 13'0")	=	165 sq. ft.
Living area (15'0" x 20'5")	=	306 sq. ft.
Sitting Room(11'4" x 12'4")	=	139 sq. ft.
Spare bedroom (staff) (7'0" x 13'0")	=	91 sq. ft.
East wing empty bedroom #2 (15'9" x 12'9")	=	200 sq. ft.
East wing empty bedroom #1 (11'2" x 16'0")	=	178 sq. ft.
Basement Rooms:		
Living area (10'6" x 17'0")	=	178 sq. ft.
Activity room #1 (8'10" x 12'11")	=	114 sq. ft.
Activity room #2 (7'5" x 13'11")	=	103 sq. ft.

Bedroom space exceeds minimum requirements for resident-bedrooms.

Total living space exceeds the minimum requirements for 8 occupants (6 residents and 2 live-in staff) with a total recreational space of 1615 sq. ft., or 201 sq. ft./occupant.

d. Sanitation:

An environmental inspection was conducted on June 27, 2001. Temporary approval was given until July 17, 2001. Deficiencies were found with the well system serving the facility. An acceptable corrective action plan has been received and is on file.

e. Fire Safety:

Fire safety inspections were conducted on June 27, 2001, and on July 24, 2001. All deficiencies found during the June 27th inspection were found to be corrected at the July 24th inspection. That report is contained in the licensing record.

B. Program Description.

1. Administrative Structure.

a. Description of Organizational Structure. Samuel and Linda Quaye, husband and wife, are joint licensees and also are joint administrators of this facility.

b. Good Moral Character. The Licensing Record Clearance Requests (BRS-1326) for each licensee is on file and indicate full compliance. Other documentation includes positive reports from references.

c. Financial Stability and Capability. A review of the application and supporting financial documents required at the time of initial application indicate substantial compliance with the applicable rules regarding financial capability of the licensees.

d. Disclosure of Ownership Interest. The ownership of the facility is verified by a Warranty Deed issued to Samuel and Linda Quaye at the address given on the application. That document is contained in the licensing record.

2. Qualifications and Competencies:

a. Training. Mr. & Mrs. Quaye have a Family AFC Home in Buchanan, Michigan which they have operated for a number of years. They currently are licensed to operate a group home in the Dowagiac area and a second group home in

Niles. Documentation of their training is contained in the licensing file. Both licensees are in substantial compliance.

b. Health. A review of the application and supporting documents, such as the medical evaluation and TB test results, indicate substantial compliance.

3. Program Information.

a. Admission/Discharge. Mr. & Mrs. Quaye have filed a program statement, an admissions policy and discharge policy with the department. The providers prefer to care for six (6) developmentally disabled and mentally impaired residents, and they will accept both males and females . The residents must be ambulatory, 18 years old or older, Smokers are accepted, but they must follow the house rules related to smoking. Private pay and SSI recipients are accepted. Short term care is available. Discharge criteria is established and is in substantial compliance with the administrative rules.

b. Transportation. Mr. & Mrs. Quaye will provide transportation of residents to local appointments. The families of residents are expected to cover the cost of emergency transportation or to appointments outside of the Niles area. County wide bus transportation is also available at a cost.

c. Recreation. Resident social/recreational activities included television, radio, stereo. as well as movie watching on VCR. Shopping trips to nearby malls as well as occasional outings to parks are also available. Newspapers and magazines are available to the residents as well.

4. Facility and Employee Records.

a. Facility Records. A review of the application and supporting documents, such as the Admission/Discharge Policy, Refund Policy, Program Statement, Standard and Routine Procedures, Emergency Preparedness Plans, ect., indicate substantial compliance with the applicable rules.

b. Staff Records. There were no staff and, therefore, no staff records to review. Mr. & Mrs. Quaye have knowledge of the requirements for staff records. The licensees have provided a plan regarding how they will assure the good moral character of their staff. Compliance will be further accessed during follow up inspections.

IV. CONCLUSIONS

The findings of the on-site inspections and documentation contained in the Adult Foster Care Licensing file indicate the facility is in substantial compliance with Act 218 and the Administrative Rules For Adult foster Care Small Group Homes.

V. RECOMMENDATION

I recommend issuance of a temporary license.

Monte Bender 9/28/2001
Monte Bender Date
Licensing Consultant

Approved By:

Robert Bond 9-25-01
Robert Bond Date
Area Manager

ADULT STER CARE GROUP HOME WORKSHE ( )ORIGINAL ( )RENEWAL

LICENSEE: Sam/Linda Jung LICENSE # AS1102375 11 FACILITY: Jamboree 2031 Old Hwy 31 N.

1. DOCUMENTATION:

DATES:

- ✓ Application Rec'd*
- ✓ Fee Rec'd*
- ✓ Enrollment
- ✓ Confirmed Receipt of App*
- ✓ Licensee Rights (sent)
- ✓ 1st Inspection/Conf Letter*
- ✓ LSR Written*

1a. References* (2nd Round)

	Sent	Rec'd	Sent	Rec'd
Sam	X	___	1995	1990
Linda	X	___	1995	1990

1b. Licensing Clearances*

	Sent	Rec'd	Sent	Rec'd
Linda		X	___	___
Sam		X	___	___

1c. Medical/TB-Licensee/Adm/Occupants:* (TB)

	Sent	Rec'd	Sent	Rec'd
Sam → Medical		X	X	___
Linda → Medical		X	X	___

2. INSPECTIONS/APPROVALS:

209

Fire:*

- X Referral Sent X Report Rec'd
- X Compliance Achieved

Environmental:*

- X Referral Sent X Report Rec'd
- X Compliance Achieved

Building/Electrical/Boiler/Plumbing* (as needed)

- X Report Rec'd (Electrical)
- X Compliance Achieved

3. DOCUMENTS TO REQUEST:

X	102 (1)(l)	House Rules (if estab)
X	103 (1a)	Adm/Discharge Policy
X	103(1a-c)	Program Statement
X	103(1b)	Personnel Policies → in file
X	103(1)(bii)	Job Descriptions
X	103(1)(biii)	Standard Procedures

3. DOCUMENTS TO REQUEST (Con't)

X	103(1)(biv)	Proposed Staff Pattern
X	103(1)(bv)	Organizational Chart
NA	103(1)(c)	Current Contracts
X	103(1)(d)	Current Floor Plan*
X	103(1)(d)	Number of Beds and Room Dimensions*
X	103(1)(f)	Verify Right to Occupy or Lease
X	103(1)(e)	Proposed Annual Budget*
X	103(1)(h)	Current Credit History
X	201(2)	Current Financial Info.*
X	203/204	Training
OK	301(6)	Resident Care Agreement
X	301(6)(b)	Fee Policy*
X	315(14)	Refund Agreement*

For Corporations:

S	103(1)(g)	List of Board of Directors
		Current Art/Incorporation
		Designation of Admin.*
		Certificate/Incorporation
		CS 2500 or CS 2000*

4. MEMBERS OF HOUSEHOLD/OCCUPANTS:*

(list by name and age)

2	# of Family/Live in Staff
None	# of Roomers/Renters
6	# of AFC Residents
8	# of Total Occupants

5. MISCELLANEOUS:

NA	201(14)	Large Group Home Only: Qualified Person/Food Prep
X	206(4)	Emergency Contact Person
X	206(5)	Designee to Carry Out*
		Duties of Administration
X	209(2)	List of Arrangements for Emergency Repairs (see Phone Pol)
X	318(1)(2)	Emergency Preparedness Plan
X	304(1)(f)	Grievance Procedures. (if available)

6. VARIANCES*

3	106	Requested
		Sent
		Approved

* REQUIRED IN AFC LICENSING FILE

afcf10(11/96)

REVISED 10/15/99
APPENDIX 220.14

DOCUMENTS FOR ORIGINAL LICENSURE

DOCUMENT NAMES	FA	GP INDV 1-6	GP INDV 7-20	GP CORP 1-6	GP CORP 7-20	CL INDV	CL CORP	CO INFM
Addendum to Compliance Record	X	X	X	X	X	X	X	X
Admission Policy		X'	X	X	X	X	X	X
Application BRS 569-I Individual	X	X	X			X		
Application BRS 569-C Corporate				X	X		X	X
Application Transmittal Letter	X	X	X	X	X	X	X	X
Articles of Incorporation/By Laws				X	X		X	X
Balance Sheet*	NA	See Apdx 220.4 - Determining Financial Stability and Capability						
Board of Directors List				X	X		X	X
Budget*	NA	See Apdx 220.4 - Determining Financial Stability and Capability						
Cash Flow Projection*	NA	See Apdx 220.4 - Determining Financial Stability and Capability						
Compliance Determination Report BRS-354	X	X	X	X	X	X	X	
Contracts, if applicable	X	NA X	X	X	X	X	X	X
Corporate Licensee Designee (Grp. Rule 103.1g)				X	X			
Credit Report*		X	X					
Designated Person (Grp. Hm. R. 206.5)		X	X	X	X			
Designated Responsible Person (CL. R. 402.4)						X	X	
Discharge Policy		X	X	X	X			
Environmental Health Approval*	X	X + copy	X	X	X	X	X	X
Fee Transmittal BRS-2066	X	X	X	X	X	X	X	
Fee Policy (if not included in Resident Care Agreement)	X							
Fire Safety Specialist Approval*	X	X		X				X
or Plans		X	X	X	X	X	X	X
Foster Care Agreement (CL Rule 402.1)						X	X	
House Rules/Guidelines	X	X	X	X	X			
Inquiry Record, Facility BRS-3429	X	X	X	X	X	X	X	X
Lease, Copy of*	X	NA X	X	X	X	X	X	X
Licensing Record Clearance BRS-1326*	X	X	X	X	X	X	X	X
Licensing Study Report Narrative	X	X	X	X	X	X	X	X
Licensing Transaction BRS-3193	X	X	X	X	X	X	X	
Licensing Transaction Record (Bar Code)	X	X	X	X	X	X	X	X
Medical Release BRS-3705*	X	X	X	X	X	X	X	X
Office of Fire Safety Approval*			X		X	X	X	
Organizational Chart		X	X	X	X	X	X	X
Permission to Inspect**	X	X	X	X	X	X	X	
Personal Financial Statement*	NA	See Apdx 220.4 - Determining Financial Stability and Capability						
Personnel Policy **		X	X	X	X	X	X	X
Program Statement		X	X	X	X	X	X	X
Proof of Ownership*	X	X	X	X	X	X	X	
References	X	X	X	X	X	X	X	X
Standard or Routine Procedure(s)**		X	X	X	X			
Staffing Pattern/Description		X	X	X	X	X	X	X
Statement of Financial Accountability*	NA	See Apdx 220.4 - Determining Financial Stability and Capability						
Statement of Income*	NA	See Apdx 220.4 - Determining Financial Stability and Capability						
TB Test Results*	X	X	X	X	X	X	X	X
nsmittal Letter	X	X	X	X	X	X	X	X
ariances/Exemptions, if applicable	X	NA X	X	X	X	X	X	
Zoning Approval (7 +)			X		X	X	X	

* Refer to policy

** Must be obtained and reviewed but is not required to be retained in the licensing record

ADULT FOSTER CARE LICENSING
PHYSICAL PLANT WORKSHEET - GROUP HOME

(✓) ORIGINAL
( ) RENEWAL

Facility: Sunland 2021 NW 30th Pl License #: AS410237511 Date of Inspection: 7/31/2001

KITCHEN:		Compliance	Basement	Other	COMMENTS
401(4)	Trash Containers Leak Proof/Tight Lid	✓			
401(5)	Evidence of Rodents, Pests, Insects	✓			
401(6)	Caustics/Poisons Away From Food	✓			
401(8)	Handwashing Facilities/Indiv. Towels	✓			
402	Food Service:	✓	N/A	N/A	
(1)	Food Quality	✓			
(2)	Food Storage	✓			
(3)	Refrigerator/Freezers. Thermometers Cold Below 40/Hot Hood Above 140°	✓			
(4,5)	Equipment/Utensils; Cleaning/type	✓	N/A	N/A	
(6)	Filters Cleaned	✓	N/A	N/A	
403(6)	Food Prep Areas Clean/Good Repair	✓			
(7)	Floor Covering	✓			
401(2)	Water Temperature 105-120°F	✓			

BATHS:		1	2	3	4
401(2)	Water Temperature 105-120 F	✓			
401(6)	Caustics	✓			
401(8)	Handwashing (Indiv. Hand Towels)	✓			
403(7)	Floor Covering Easily Cleanable	✓			
403(11)	Handrails	✓			
	Tub Non-Skid Surfacing	✓			
407(1)	Ventilation (natural or mechanical)	✓			
407(3)	Doors	✓			
407(4)	One Full Bath Per 8 Residents	✓			
411(3)	Clean Towels/Wash Cloths for Each Resident	✓			
407(6)	1 Bathing Facility On each Floor	✓			

LIVING AREAS (Resident Access, Adequacy)		LR	DR	Fam Rm	Other
403	Maintenance of Premises:				✓
(1)	Provide for Health, Safety, Well-Being				✓
(2)	Clean and Orderly				✓
(3)	Well Lighted & Ventilated				✓
(5)	Finishes Easily Cleanable				✓
403(14)/510(4)	Steam Radiators Shielded				NA
405(1)	35 Sq. Ft. Living Space per Occupant (Doesn't Apply to Original Owner Licensed Before 5/24/94)				✓
405(3)	Resident with Impaired Mobility				✓
405(4)	No Residents Above 2nd Floor (Post 5/23/94) See (5) for Exceptions				✓
405(7)	Adequate Multipurpose Space				✓
405(8)	Dining Space to Accommodate All Resid.				✓

STAIRS - EXTERIOR/INTERIOR & EXITS:		Front	Side	Rear	Other
403(8)	Handrails 30" to 34"				✓
	Porches & Decks - 8"+ Above				✓
	(Handrails on open sides)				✓
403(9)	Stairs Uniform in Size and Rise				✓
403(12)	Sidewalks, Entrances, Fire Escape Rts Clear				✓
507(5)	30" Doorways				✓
507(6)	Hardware/Locks Nonlocking Against Egress				✓

	PHYSICAL PLANT CHECKLIST	Compliance	COMMENTS
EXTERIOR:			
401(4)	Rubbish Removal from Home Daily and Premises Weekly	✓	
403(1,13)	Maintenance of Yard Area, Premises	✓	
403(4)	Exterior Walls, Roof, Doors/Windows (Chimneys, Eaves, Screens, Paint/Siding)	✓	

	BEDROOMS (Also See original Bedroom Worksheet)	1	2	3	4
409(7)	3 Feet of Clearance Between Beds				✓
401(9)	Cleaned and Sanitized at Discharge				✓
405(2)	Reasonable Storage				✓
408(4)	Sidehinged Door, Nonlocking Against Egress				✓
408(7)	Windows Openable				✓
408(8)	Residents Same Sex, or Married				✓
408(9)/405(3)	Impaired Mobility on Street Floor				✓
409(4)	Maximum of Two Beds in Room (After 5/24/94)				✓
409(2)(3)	65 Square Feet - Multiple Occupancy 80 Square Feet - Single Occupancy				✓
410(1)(a)	Closet or Wardrobe				✓
(1)(b)	Lighting				✓
(1)(c)	Bureau				✓
(1)(d)	Chair				✓
410(2)	Mirror				✓
410(5)	Mattress/Foundation Clean/Good Condition				✓
411(1)	Beds (2 Sheets, Pillowcase, Blanket, Spread & Clean)				✓
411	Extra Linen Supply				✓
410(3)	Pillow				✓

	BEDROOMS - Before 5/24/94 - 3 or 4 Beds in Room	1	2	3	4
409(5)	Maximum of 4 Beds, Present Owner				
409(6)	Maximum of 4 Beds, New Owner				
409(6)(a)	Resident Agrees in Writing				
409(6)(c)	70 Sq. Ft. of Space per Bed				
409(6)(d)	Individual Privacy Assured				

	MISCELLANEOUS	
312(1)	Locked Storage for Medications	✓
319(a)	Car in Good Operating Condition	✓
319(b)	First Aid Kit in Car	✓
401(1)(3)	Water-Septic (Test Needed)	✓
401(7)	Screens (April to November)	✓
403(6)	Plumbing & Pressure Release Valve	✓
403(10)	Throw Rugs (Non-skid backing)	✓
406	Heated Room Temperature (68-72°)	✓
510(2)(3)	Dryer Vented with Metal Ducting	✓
511(4)	Combustible Storage	OK
512	Wiring & Extension Cords	✓
411	Extra Linen Supply	✓

ADULT FOSTER CARE LICENSING
PHYSICAL PL. WORKSHEET - GROUP HOME

( ) ORIGINAL
( ) RENEWAL

Facility Sandlund For. 2031 Old Hwy 31 N License #: AS110237511 Date of Inspection: 7/12/2001

	KITCHEN		Compliance Basement	Compliance Other	COMMENTS
401(4)	Trash Containers Leak Proof/Tight Lid				
401(5)	Evidence of Rodents, Pests, Insects	✓			
401(6)	Caustics/Poisons Away From Food				
401(8)	Handwashing Facilities/Indiv. Towels	✓			
402 (1)	Food Service: Food Quality		N/A	N/A	
(2)	Food Storage				
(3)	Refrigerator/Freezers. Thermometers Cold Food Below 40°/Hot Above 140°	✓	35°		
(4)(5)	Equipment/Utensils: Cleaning/Type		N/A	N/A	
(6)	Filters Cleaned		N/A	N/A	
403(6)	Food Prep Areas Clean/Good Repair				
(7)	Floor Covering	✓			
401(2)	Water Temperature 105-120°F	✓	110°		

	BATHS	1	2	3	4	
401(2)	Water Temperature 105-120°F 110°	✓				1 full bath upstairs
401(6)	Caustics	✓				1 ½ bath 1st floor
401(8)	Handwashing (Indiv. Hand Towels)	✓				1 full bath in new wing
403(7)	Floor Covering Easily Cleanable	✓				need handrail in tub
403(11)	Handrails	✓				
	Tub Non-Skid Surfacing	✓				
407(1)	Ventilation (natural or mechanical) Natural	✓				
407(3)	Doors	✓				
407(4)	One Full Bath Per 8 Residents	✓				
411(3)	Clean Towels/Wash Cloths for Each Resident	✓				
407(6)	1 Bathing Facility On Each Floor	✓				

	LIVING AREAS (Resident Access, Adequacy)	LR	DR	FmRm	Other
403 (1)	Maintenance of Premises: Provide for Health, Safety, Well Being		✓		
(2)	Clean and Orderly		✓		
(3)	Well Lighted & Ventilated	✓	✓		
(5)	Finishes Easily Cleanable		✓		
403(14) 510(4)	Steam Radiators Shielded	NA	NA	—	—
405(1)	35 Sq. Ft. Living Space per Occupant (Doesn't Apply to Original Owner Licensed Before 5/24/94)				
405(3)	Resident with Impaired Mobility	NO	✓	✓	
405(4)	No Residents Above 2nd Floor (Post 5/23/94) See (5) for Exceptions	✓	✓	✓	✓
405(7)	Adequate Multipurpose Space	✓	✓		
405(8)	Dining Space to Accommodate All Resid	✓	✓		

	Locked Storage for Medicatic	○
	Car in Good Operating Condition	
ɔ(b)	First Aid Kit in Car	
1(1)(3)	Water-Septic (Test Needed)	
1(7)	Screens (April to November)	✓
3(6)	Plumbing & Pressure Release Valve	✓
3(10)	Throw Rugs (Non-skid backing)	
6	Heated Room Temperature (68-72°F)	
(2)(3)	Dryer Vented with Metal Ducting	— not hooked up
(4)	Combustible Storage	
	Wiring & Extension Cords	○
	Extra Linen Supply	

This place will not be used.
Windows need cleaning + window wells
Deck railing needs reinforcement.
Soil around basement outside stairway
railing in front has mold, needs repair

AFC RESIDENT BEDROOMS WORKSHEET

FACILITY | TWIE

LOCATION

Floor Level 405(1) 405(4)	ROOM	# of BEDS 409(4),(5)	QUESTIONABLE AREAS	AREA IN SQUARE FEET 80/65	409 (1), (2), (3) Windows - openable Escape needed?	408 (7) 508 (1) 3' clearance	409 (7) door adequate, hardware	408 (4) interior walls	408 (3) mirrors	410 (2) pictures	410 (3) (c) closet (d) dressers	410 (1)(a)(c) chairs	410 (1)(d) lighting: amount and location	410 (1)(b) beds adequate	410 (4)(5) linen and bedding	411 no traffic through doors	408 (5) clean & good repair walls	409(5) clean & good repair ceiling
1	#1 Bedroom	1	Window does not open 2no seen.	(7' x 13') 91 sq ft	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	#2	R'	walls around closets need painting ✓	11'5" x 12'0" 137 sq ft	✓	✓	✓	✓	✓	✓	c ✓	✓	✓	✓	✓	✓	✓	✓
2	#3	2	doors nds painting ✓	15'3" x 12'3" 186.8 sq ft	✓	✓	✓	✓	✓	✓	c d	✓	✓	✓	✓	✓	✓	✓
2	#4	2		13'3" x 12'2" 161 sq ft.	✓	✓	✓	✓	✓	✓	c	✓	✓	✓	✓	✓	✓	✓

1" = .08
2" = .17
3" = .25
4" = .33
5" = .42
6" = .5
7" = .58
8" = .67
9" = .75
10" = .83
11" = .92

✓ is given for following inspection

State of Michigan
John Engler, Governo

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

7109 W. Saginaw, 2nd Floor
P.O. Box 30650
Lansing, Michigan 48909
(517) 335-6124
Fax (517) 335-6121
www.cis.state.mi.us/brs/

August 24, 2001

Mr. & Mrs. Samuel Quaye
15357 Chippewa Street
Buchanan, Michigan 49107

Re: Discharge Policy.

Dear Mr. & Mrs. Quaye:

I have reviewed the documents you FAXed to me on August 16 and August 19. You need to provide more attention to the following:

1. Discharge Policy.
Rule 400.14302, pages 9 and 10, Licensing Rules For Adult Foster Care Small Group Homes (1 – 12), is very specific. Your Discharge Policy is out of compliance with the requirements if you do not comply with this rule completely. Look at subparagraphs (4) through (8). Yours, as submitted, does not include these requirements.

2. Grievance Policy.
Your grievance policy refers to "Department of Social Services". There is no longer a DSS. You need to clarify where both parties can go to request a formal hearing.

If you have questions or require technical assistance, please call me at (616) 544-1278.

Respectfully yours,

Monte B. Bender, Licensing Consultant
Adult Foster Care Licensing Division
890 N. 10th Street, 2nd Floor
Kalamazoo, Michigan 49009-8023

Cc: Case File.

20

BUREAU OF REGULATORY SERVICES
890 N. 10th Street, 2nd Floor
Kalamazoo, MI 49009
(616) 544-4445
Fax: (616) 544-1264

FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: 1(616)695-4632

To: Jan + Linda Runyon

From: Mark Bender

Date: 8/24/2001

DOCUMENTS	NUMBER OF PAGES*
Letter + Cover	2

COMMENTS:

*COUNTING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (616) 544-4445.

State of Michigan
John Engler, Governo

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

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Your grievance policy refers to "Department of Social Services". There is no longer a DSS. You need to clarify where both parties can go to request a formal hearing.

If you have questions or require technical assistance, please call me at (616) 544-1278.

Respectfully yours,

Monte B. Bender, Licensing Consultant
Adult Foster Care Licensing Division
890 N. 10th Street, 2nd Floor
Kalamazoo, Michigan 49009-8023

Cc: Case File.

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Bureau of Regulatory Services
Carole Hakala Engle, Director

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P.O. Box 30650
Lansing, Michigan 48909
(517) 335-6124
Fax (517) 335-6121
www.cis.state.mi.us/brs/

August 14, 2001

Mr. & Mrs. Samuel Quaye
15357 N. Chippewa Street
Buchanan, Michigan 49107

Re: Required Documents
Samlind Services Old US-31 North
Application # AS110237511

Dear Mr. & Mrs. Quaye:

I have reviewed the documents you submitted in support of your application for an AFC license for the proposed facility above. I have issues with some of the documents.

Regarding Program Statement:

You application indicates that you will serve DD and Mi populations, but the Program Statement refers to serving the DD population only. The two must identify the same populations being served. Your Statement of Purpose also addresses serving the DD population only, as well.

The Program Statement refers to providing services of "personal care", "supervision", but no reference to "protection". You are required to provide all three in an AFC home.

Staffing. You refer to a staffing ratio, but no reference to those staff being trained or the competency of the staff. This is required.

Contracting? There is no reference to whether you intend to contract for services or programs. Please address this in your Program Statement.

Regarding Admission Policy:

You have indicated that an assessment is required at the time of admission, but you did not indicate that the assessment will be done annually. This is required.

Discharge Policy:

You have indicated that "a supply charge" may be required. I do not understand what "supply charges" are. This needs to be explained in the discharge policy.

Please review the administrative rule book, Rule 400.14302. Paragraph (5) (a) and (b) in its entirety is required as are paragraphs (6), (7), and (8) as part of a comprehensive discharge policy.

Grievance Policy and Procedures:

Reference in item 1. to "DSS-3435 will be completed..." That form is not a form that is available through this office. You need to take out the reference to this form and, if you choose to, develop your own form for grievances.

The TB test results did not FAX clearly. Please resubmit clear documents for TB testing. Medical evaluations are also required.

Standard Procedures have not been received. If you intended for the Staff First Shift Responsibilities to serve this purpose, it doesn't fit. The purpose of the Standard Procedures document is to communicate to residents what the daily routine will be for them. What is expected in the home from the residents, from the staff, etc. during the course of the normal day.

One additional item is required. A statement as to the number of live-in staff that you plan to accommodate.

If you have questions regarding these requirements or require technical assistance, please call me at (616) 544-1278.

Respectfully yours,

Monte B. Bender, Licensing Consultant
Adult Foster Care Licensing Division
890 N. 10th Street, 2nd Floor
Kalamazoo, Michigan 49009-8023

Enclosure.

Cc: Case file.

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Consumer & Industry Services
Bureau of Regulatory Services

96191

1. License Number AS1102375 11

2. Expiration Date —

3. Status of License Application

4. Please return the completed inspection report by this date 7/20/01

AUTHORITY: PA 218 of 1979 & PA 116 of 1973
COMPLETION: Voluntary
NON-COMPLETION: No license will be issued.

Health Department Phone Number (616) 927-5623

RECEIVED
JUL 19 2001
BUREAU OF REGULATORY SERVICES
KALAMAZOO COUNTY

INSTRUCTIONS: Items 1-21 and 23 to be completed by licensing consultant/worker. Item 22 to be completed by health inspection agency.

5. Name and Address of the Health Inspection Agency

MONTE BENDER
616-544-1278
BRS-ADULT FOSTER CARE LIC. DIV
890 N. 10TH ST., 2ND FLOOR
KALAMAZOO, MI 49009

6. Facility Type
☐ Adult Foster Care Family Home ☐ Child Day Care Home ☐ Children's Foster Home ☒ Adult Foster Care Group Home/Congregate Facility ▶ Proposed/Current Capacity 6

7. Reason for Inspection
☒ New Application ☐ Relocation ☐ Reinspection ☐ Renewal Inspection ☐ Complaint/Other (Specify in No. 8)

8. Inspection Request (Assessment of compliance with the requirements listed on the reverse side)
- ☐ Family Care Home - Private Water Supply - Use BRS-1788
- ☐ Family Care Home - Private Sewage Disposal System - Use BRS-1788
- ☒ AFC Group Home/Congregate Facility - Private Water Supply - Use BRS-1788
- ☒ AFC Group Home/Congregate Facility - Private Sewage Disposal System - Use BRS-1788
- ☐ Group Home (7+)/Congregate Facility - Full Inspection - Use BRS-1789
- ☐ AFC Complaint/Other - Use BRS-1788 and/or 1789, as Applicable **Compliance Assessment of Rule(s):**

TNC

Comments: —

9. Return Completed Inspection Report To: ☒ Division of Adult Foster Care Licensing ☐ Division of Child Day Care Licensing ☐ Division of Child Welfare Licensing ☐ _____ (Name of Child Placing Agency)

Licensing Consultant's/Worker's Name Monte Bender Telephone Number (616) 544-1278

Address of Licensing Consultant/Worker (Number, Street, City, Zip Code) 890 N. 10th St. 2nd Floor Kalamazoo 49009

10. Name of Facility	11. Directions to Facility:
Summit Services - #531	From Niles Take M-60 East 3.5 miles past Mullen Rd on the right (Bonar Cemetery)
12. Name of Administrator/Contact Person: Samuel Paige / Linda Paige	
13. Address of Facility (Number, Street): 202 M-51 N.	14. City: Niles
	15. Township: Niles
16. County: Berrien	17. Zip Code: 49120
18. Facility Phone Number: (616) 683-4108	19. Alternate Phone Number: (616) 683-3917
	20. Date of Last Environmental Health Insp. —

21. The Department of Consumer and Industry Services authorizes the health inspection agency listed in Item 5 to perform the inspection requested in Item 8 for the facility listed in Item 10. Upon the Department's receipt of a properly completed inspection report, payment will be processed by the Department to the health inspection agency in accordance with the fee schedule established by the health inspection agency and agreed to by the Department as of the date of this inspection request.

Signature of Licensing Consultant/Worker Monte R Bender Date 7/19/2001

◀ **To Be Completed By Health Inspection Agency**

22. Inspection fee amount $ 65.00

23. A properly completed inspection report as requested was received on: (date) 7/19/2001

Signature of Licensing Consultant/Worker Monte R Bender Date 7/20/2001

BRS-1787A Rev. 10.00

DISTRIBUTION: PART 1 - Health Inspection Agency
PART 2 - To be Returned by Health Inspection Agency with Report
PART 3 - License Applicant/Licensee
PART 4 - Licensing Consultant/Worker

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Consumer & Industry Services
Bureau of Regulatory Services

96191

1. License Number

2. Expiration Date

3. Status of License

4. Please return the completed inspection report by this date

AUTHORITY: PA 218 of 1979 & PA 116 of 1973
COMPLETION: Voluntary
NON-COMPLETION: No license will be issued.

Health Department Phone Number

INSTRUCTIONS: Items 1-21 and 23 to be completed by licensing consultant/worker.
Item 22 to be completed by health inspection agency.

5. Name and Address of the Health Inspection Agency

MONTE BENDER
616-544-1278
BRS-ADULT FOSTER CARE LIC. DIV
830 N. 10TH ST., 2ND FLOOR
KALAMAZOO, MI 49009

6. Facility Type
- ☐ Adult Foster Care Family Home
- ☐ Child Day Care Home
- ☐ Children's Foster Home
- ☒ Adult Foster Care Group Home/ Congregate Facility

Proposed/Current Capacity

7. Reason for Inspection
- ☐ New Application
- ☐ Relocation
- ☐ Reinspection
- ☐ Renewal Inspection
- ☐ Complaint/Other (Specify in No. 8)

8. Inspection Request (Assessment of compliance with the requirements listed on the reverse side)
- ☐ Family Care Home - Private Water Supply - Use BRS-1788
- ☐ Family Care Home - Private Sewage Disposal System - Use BRS-1788
- ☐ AFC Group Home/Congregate Facility - Private Water Supply - Use BRS-1788
- ☐ AFC Group Home/Congregate Facility - Private Sewage Disposal System - Use BRS-1788
- ☐ Group Home (7+)/Congregate Facility - Full Inspection - Use BRS-1789
- ☐ AFC Complaint/Other - Use BRS-1788 and/or 1789, as Applicable **Compliance Assessment of Rule(s):**

Comments:

9. Return Completed Inspection Report To:
- ☒ Division of Adult Foster Care Licensing
- ☐ Division of Child Day Care Licensing
- ☐ Division of Child Welfare Licensing
- ☐ _____ (Name of Child Placing Agency)

Licensing Consultant's/Worker's Name

Telephone Number

Address of Licensing Consultant/Worker (Number, Street, City, Zip Code)

10. Name of Facility

11. Directions to Facility:

12. Name of Administrator/Contact Person

13. Address of Facility (Number, Street)

14. City

15. Township

16. County

17. Zip Code

18. Facility Phone Number

19. Alternate Phone Number

20. Date of Last Environmental Health Insp.

21. The Department of Consumer and Industry Services authorizes the health inspection agency listed in Item 5 to perform the inspection requested in Item 8 for the facility listed in Item 10. Upon the Department's receipt of a properly completed inspection report, payment will be processed by the Department to the health inspection agency in accordance with the fee schedule established by the health inspection agency and agreed to by the Department as of the date of this inspection request.

Signature of Licensing Consultant/Worker _____ Date _____

To Be Completed By Health Inspection Agency

22. Inspection fee amount $_____

23. A properly completed inspection report as requested was received on: (date) _____

Signature of Licensing Consultant/Worker _____ Date _____

BRS-1787A Rev. 10/00
Previous Edition 8/96 may be used.

DISTRIBUTION: PART 1 - Health Inspection Agency
PART 2 - To be Returned by Health Inspection Agency with Report
PART 3 - License Applicant/Licensee
PART 4 - Licensing Consultant/Worker

Check one:
- ❑ Bureau of Regulatory Services Fire Safety Section
- ❑ Office of Fire Safety

FIRE SAFETY INSPECTION REQUEST

Michigan Department of Consumer and Industry Services

(Authority: PA 218 of 1979, as Amended and PA116 of 1973, as Amended)

For central office use only

BRS Liaison Number
Date Forwarded

See Instructions on back.

1. License Number
2. Status of License
3. Expiration Date
4. Capacity

5. Reason for Inspection
- ❑ New Application
- ❑ Reinspection(Specify in Item 24)
- ❑ Renewal Inspection
- ❑ Complaint (Specify in Item 24)
- ❑ Change of Ownership
- ❑ Relocation
- ❑ Addition/Plan Review
- ❑ Proposed New Construction/ Plan Review
- ❑ Special Request (Specify in Item 24)

MAIL CORRESPONDENCE TO:

6. Name
7. Address (Number, Street)
8. City
9. State
10. Zip Code

11. Type of Facility
- ❑ Foster Family Home (for 1 - 4 children)
- ❑ Foster Family Group Home (for 5 to 6 children)
- ❑ Family Day Care Home (for 1 - 6 children)
- ❑ Group Day Care Home (for 7 -12 children)
- ❑ Adult Foster Care Family Home (for 1 - 6)
- ❑ Adult Foster Care Small Group Home (for 1- 6)
- ❑ Adult Foster Care Small Group Home (for 1- 6) Former AIS/MR Home
- ❑ Adult Foster Care Small Group Home (for 7 - 12)
- ❑ Adult Foster Care Large Group Home (for 13 - 20)
- ❑ Adult Foster Care Congregate Facility (21 or more)
- ❑ Child Caring Institution
  - ❑ Secure Custody ❑ Open
- ❑ AFC Camp
- ❑ Children's Camp
- ❑ Child Care Center
- ❑ County Infirmary

FOLD HERE

12. Name of Facility
13. Name of Administrator/Contact Person
14. Address of Facility (Number, Street)
15. City
16. Township
17. County
18. Zip Code
19. Facility Telephone Number
20. Alternate Telephone Number
21. Date of Last Fire Safety Inspection
22. Fire Department Jurisdiction
23. Directions to the Facility

24. Comments:

25. Signature of Licensing Worker/Consultant
PRINT OR TYPE NAME
26. Telephone Number
27. Address of Worker/Consultant (Number, Street)
28. City
29. Zip code
30. Date of Request

TO BE COMPLETED BY FIRE SAFETY AUTHORITY

31. Post, District, Division or Bureau
32. Person Contacted/Title

BRS-1712 (4/99) Previous edition obsolete

Distribution List
1 - BRS
2 - BRS
3 - Lic. Consultant
4 - Applicant / Licensee

Check one:
- ❑ Bureau of Regulatory Services
  Fire Safety Section
- ❑ Office of Fire Safety

FIRE SAFETY INSPECTION REQUEST

Michigan Department of Consumer and Industry Services

(Authority: PA 218 of 1979, as Amended
and PA116 of 1973, as Amended)

For central office use only

BRS Liaison Number
Date Forwarded

See Instructions on back.

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- ☑ New Application
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28. City
29. Zip code
30. Date of Request

TO BE COMPLETED BY FIRE SAFETY AUTHORITY

31. Post, District, Division or Bureau
32. Person Contacted/Title

BRS-1712 (4/99) Previous edition obsolete

Distribution List
1 - BRS
2 - BRS
3 - Lic. Consultant
4 - Applicant / Licensee

CERTIFICATION DOES NOT REFLECT POSSIBLE HOMESTEAD DENIAL.

I HEREBY CERTIFY, That there are no Tax Liens or Titles held by the State or any individual against the within description, and all Taxes on same are paid for five years previous to the date of this instrument, as appears by the records in my office. This certificate does not apply on taxes, if any, now in process of collection. Also except, Deferred Special Assessments, if any, under Act No. 225, Public Acts of 1976, as amended, and any Specific Tax. (I.E. Enterprise Zone)

Date MAY 19 2000

No. 15454

Berrien County Treasurer

RECORDED

00 MAY 19 PM 4:04

FRANCES TRETHEWAY
REGISTER OF DEEDS
BERRIEN COUNTY, MICHIGAN

05/19/00 111#2270 A55
STATE TRANS TAX960.00
05/19/00 111#2270 A55
COUNTY TRANS TA140.80
05/19/00 111#2270 A55
DEED $9.00
05/19/00 111#2270 A55
STATE REMON FEE $2.00
05/19/00 111#2270 A55
TAX CERTIFICATE $1.00

WARRANTY DEED

KNOW THAT ALL MEN BY THESE PRESENTS: That ARTHUR CAMPBELL AND MARIA L. CAMPBELL, HUSBAND AND WIFE, whose address is 2031 U.S. 31, Niles, Michigan 49120, **CONVEY AND WARRANT** to SAM QUAYE AND LINDA QUAYE, HUSBAND AND WIFE, AS TENANTS BY THE ENTIRETY, whose address is 15357 Chippewa Street, Buchanan, Michigan 49107, the premises, together with tenements, hereditaments and appurtenances thereto, situated in the Township of Niles, County of Berrien, State of Michigan, described as:

> Part of the Southeast Quarter of fractional Section 15, Township 7 South, Range 17 West, described as follows: From the Southeast corner of said fractional Section 15, measure North 402 feet to the Westerly right of way of the Big Four Railroad (Now New York Central Railroad), thence measure North 11° 28' West along the Westerly right of way of said railroad 510.40 feet to the place of beginning of the land herein described; thence North 11° 28' West along the Westerly right of way of said railroad 345.40 feet; thence West 132.00 feet to the Northeast corner of the cemetery; thence South 132.00 feet to the Southeast corner of said cemetery; thence West along the South line of said cemetery 310.00 feet tot he Easterly right of way line of State Highway U.S. 31, said point being 60.00 feet Easterly measured at right angles to the center of pavement; thence Southeasterly along the Easterly right of way line of said highway 308.40 feet; thence North 78° 50' East 392 feet to the place of beginning;

and more commonly known as 2031 U.S. 31, Niles, Michigan 49120, for consideration in an amount of ONE HUNDRED TWENTY-EIGHT THOUSAND AND NO/100 DOLLARS ($128,000.00), subject to covenants, restrictions, and easements of record, and further subject to taxes and any special assessments not yet due and payable and/or that may become a lien on the premises.

This property may be located within the vicinity of farmland or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors and other associated conditions may be used and are protected by the Michigan Right to Farm Act.

The grantor grants to the grantee the right to make all division(s) under section 108 of the Land Division Act, Act No. 288 of the Public Acts of 1967.

DATED this 9th day of May, 2000.

Signed in the presence of:

Witness: Michael G. Gotsch

Witness: William U. Kechkaylo

ARTHUR CAMPBELL

MERIDIAN TITLE CORP # 130280

11-14-015-003-

KNOW THAT ALL MEN BY THESE PRESENTS: That ARTHUR CAMPBELL AND MARIA L. CAMPBELL, HUSBAND AND WIFE, whose address is 2031 U.S. 31, Niles, Michigan 49120, **CONVEY AND WARRANT** to SAM QUAYE AND LINDA QUAYE, HUSBAND AND WIFE, AS TENANTS BY THE ENTIRETY, whose address is 15357 Chippewa Street, Buchanan, Michigan 49107, the premises, together with tenements, hereditaments and appurtenances thereto, situated in the Township of Niles, County of Berrien, State of Michigan, described as:

> Part of the Southeast Quarter of fractional Section 15, Township 7 South, Range 17 West, described as follows: From the Southeast corner of said fractional Section 15, measure North 402 feet to the Westerly right of way of the Big Four Railroad (Now New York Central Railroad), thence measure North 11° 28' West along the Westerly right of way of said railroad 510.40 feet to the place of beginning of the land herein described; thence North 11° 28' West along the Westerly right of way of said railroad 345.40 feet; thence West 132.00 feet to the Northeast corner of the cemetery; thence South 132.00 feet to the Southeast corner of said cemetery; thence West along the South line of said cemetery 310.00 feet tot he Easterly right of way line of State Highway U.S. 31, said point being 60.00 feet Easterly measured at right angles to the center of pavement; thence Southeasterly along the Easterly right of way line of said highway 308.40 feet; thence North 78° 50' East 392 feet to the place of beginning;

and more commonly known as 2031 U.S. 31, Niles, Michigan 49120, for consideration in an amount of ONE HUNDRED TWENTY-EIGHT THOUSAND AND NO/100 DOLLARS ($128,000.00), subject to covenants, restrictions, and easements of record, and further subject to taxes and any special assessments not yet due and payable and/or that may become a lien on the premises.

This property may be located within the vicinity of farmland or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors and other associated conditions may be used and are protected by the Michigan Right to Farm Act.

The grantor grants to the grantee the right to make all division(s) under section 108 of the Land Division Act, Act No. 288 of the Public Acts of 1967.

STATE OF MICHIGAN REAL ESTATE TRANSFER TAX

DATED this 9th day of May, 2000.

Signed in the presence of:

Michael J. Gotsch
Witness: Michael G. Gotsch

William V. Kerkhoyle
Witness: William V. Kerkhoyle

Arthur Campbell
ARTHUR CAMPBELL

MERIDIAN TITLE CORP # 1202.860

STATE OF MICHIGAN)
COUNTY OF BERRIEN)

The foregoing instrument was acknowledged before me in Berrien County, Michigan, on the 9th day of May, 2000, by Arthur Campbell and Maria L. Campbell, Husband and Wife.

Robert A. Boughner
NOTARY PUBLIC

ROBERT A. BOUGHNER
Notary Public - Berrien County, MI
My Commission Expires March 13, 2004

Notary's Printed Name/State of Residence
My Commission Expires:

11-14-015-008-04-0