



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

June 21, 2004

Martin, Steve and Martin, Robin  
6560 McKendry Rd.  
Saranac, MI 48881

RE: Application #: AF340264819  
Elizabeths  
6560 McKendry Rd.  
Saranac, MI 48881

Dear Steve Martin and Robin Martin:

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 3 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2488.

Sincerely,

Gregory Rice, Licensing Consultant  
Office of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 241-1681

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF340264819
<b>Applicant Name:</b>	Martin, Steve and Martin, Robin
<b>Applicant Address:</b>	6560 McKendry Rd. Saranac, MI 48881
<b>Applicant Telephone #:</b>	(616) 642-6014
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Elizabeths
<b>Facility Address:</b>	6560 McKendry Rd. Saranac, MI 48881
<b>Facility Telephone #:</b>	(616) 642-6014 02/18/2004
<b>Application Date:</b>	
<b>Capacity:</b>	3
<b>Program Type:</b>	MENTALLY ILL AGED ALZHEIMERS

## **II. METHODOLOGY**

02/18/2004	Enrollment
02/25/2004	Inspection Report Requested - Health
03/30/2004	Inspection Completed On-site
03/30/2004	Inspection Completed-BFS Sub. Compliance
04/15/2004	Contact - Document Received Corrective Action Plan
04/15/2004	Contact - Telephone call made left message to schedule reinspection.
06/17/2004	Inspection Completed On-site
06/17/2004	Inspection Completed-BFS Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The home is a single story structure with a full basement. The home is located in a rural area in Saranac, Michigan. The first floor of the home includes a living room, dining room, a kitchen, 2 full bathrooms, 2 resident bedrooms and a family bedroom.

The basement includes a laundry room, a family room and a family bedroom. The furnace and hot water heater on located in the basement.

The home has a large covered front porch and a deck off the back of the house.

The living room, dining room and bedrooms have the following measurement:

1. Living room 16 X 17 – 272 sq. ft.
2. Dining room 11 X 10 – 110 sq. ft.
3. Resident bedroom 1, 9-6 X 10 – 95 sq. ft. for 1 resident.
4. Resident bedroom 2, 12 X 13 – 156 sq. ft. for 2 residents

The applicants have requested a license for 3 residents.

The home has private water and sewer and was approved by the Ionia county Health Department on 3/3/04.

The home is in compliance with fire safety rules.

Steve and Robin Martin own the home.

## **B. Program Description**

### **1. Administrative structure and capability**

Steve and Robin Martin are the applicants for the Elizabeths home. They live in the home with their 20-year-old son. Mrs. Martin will be the primary caregiver and Mr. Martin and their son will supervise the residents in her absence. The applicants have designated Amanda McCune as the responsible adult in their absence. Mr. Martin and their son work outside the home.

### **2. Qualifications and competencies**

The department received acceptable licensing record clearances, medical certifications and TB test results on the applicants and their son.

Robin Martin has worked in nursing homes and adult foster care homes for over 20 years providing direct care to residents. She also has worked for an in home health care agency.

### **3. Program information**

The applicants indicated on their application that they would be providing adult foster care to elderly adults including adults with Alzheimer's disease. They also indicated that they would provide care to adults with mental illness. The home will provide room and board, personal care and supervision. Robin Martin indicated that other activities like shopping trips, dining out and special events would be scheduled.

The home is not wheel chair accessible, but the applicant indicated she could accommodate physically handicapped adults, who may use a cane or walker.

Mrs. Martin indicated that she would admit men and women and private and public pay residents. Robin Martin indicated that transportation would be arranged with the resident's family depending on individual resident need.

Mrs. Martin indicated that Saranac has 911 emergency services, and Spectrum Health in Grand Rapids and Ionia Hospital were available for emergency medical treatment.

## **C. Rule/Statutory Violations**

There are no outstanding rule violations

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

_____ Gregory Rice Licensing Consultant	_____ Date
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Approved By:

_____ Betsy Montgomery Area Manager	_____ Date
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