

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



September 10, 2004

Stella Powell 12300 Riverside Dr. White Pigeon, MI 49099

> RE: Application #: AF750263323 Peaceful Acres 12300 Riverside Dr. White Pigeon, MI 49099

Dear Ms. Powell:

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 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 (269) 337-5066.

Sincerely,

Donna Konopka, Licensing Consultant Office of Children and Adult Licensing 322 E. Stockbridge Ave Kalamazoo, MI 49001 (269) 337-5241

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF750263323
Applicant Name:	Stella Powell
Applicant Address:	12300 Riverside Dr. White Pigeon, MI 49099
Applicant Telephone #:	(616) 489-5545
Administrator/Licensee Designee:	N/A
Name of Facility:	Peaceful Acres
Facility Address:	12300 Riverside Dr. White Pigeon, MI 49099
Facility Telephone #:	(269) 483-7744
Application Date:	12/10/2003
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/10/2003	Enrollment
12/22/2003	Inspection Report Requested - Health
02/11/2004	Inspection Completed On-site Preliminary inspection completed as applicant was unsure of which level of her house she wanted licensed for resident use
03/22/2004	Inspection Completed-Env. Health : D
03/22/2004	Comment Letter sent to applicant regarding environmental health findings
07/09/2004	Contact - Document Received Variance request received from applicant regarding nitrates in water
07/21/2004	Contact - Document Sent Letter to applicant requesting additional information in variance request
08/09/2004	Inspection Completed-Env. Health : A Water analysis reports received from Dept of Environmental Quality - nitrates within acceptable levels
08/17/2004	Inspection Completed On-site Follow-up inspection conducted
09/08/2004	Contact - Document Received Documents received to verify compliance
09/10/2004	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single story manufactured home, with a full walk out basement, located in a rural setting. There are 3 resident bedrooms, with adequate space for 2 beds per room. Each room provides the required amount of usable floor space, and the measurements are on file. The home has adequate living space for all occupants. One full bathroom in located in the resident bedroom hall, and another full bathroom is located inside of the larger bedroom. The home has a large kitchen area with dining space for all occupants.

The home has a propane gas furnace and hot water heater.

The home has private water and septic. The initial report from the St. Joseph Co. Environmental Health Department gave the home a "D" rating due to nitrates in the water. A subsequent test of the water on 7-30-04, following the installation of a reverse osmosis system resulted in the nitrates being of an acceptable level, thus giving the home an acceptable rating.

The licensing consultant conducted an initial fire safety inspection on 2-11-04. Substantial compliance with the applicable fire safety rules was achieved on 8-17-04.

B. Program Description

Peaceful Acres will provide care to male and females residents between the ages of 18 and 99 years. The home is wheel chair accessible. The home will provide local transportation. SSI and private pay residents are accepted.

Stella Powell is the licensee and will be the primary care giver. Linda Hall has been designated as the responsible person. Ms. Powell has previously operated adult foster care homes, both as an individual and with her husband. One staff will be on duty at all times residents are in the home. Public Act 218 of 1979, Section 400.734a regarding the licensee's responsibility to conduct criminal history checks on all employees was reviewed with Ms. Powell.

Ms. Powell's Licensing Record Clearance indicated she has no criminal history background.

Ms. Powell's medical clearance indicated substantial compliance with the applicable rules.

Stella and Virgil Powell are the owners of the property. Financial information provided by Ms. Powell indicates substantial compliance with the rules regarding financial stability of the licensee.

Ms. Powell was provided with all the required resident record forms to permit compliance with the rules. Ms. Powell has operated adult foster care homes in the past and indicated she was familiar with the forms. Resident Rights forms were provided to Ms. Powell, who will be issuing and reviewing them with each admission.

IV. RECOMMENDATION

Issuance of a six-month temporary license is recommended.

Donna Konopka Licensing Consultant Date

Approved By:

Gregory V. Corrigan Area Manager

Date