



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

January 5, 2005

Smith, Shawn and George
5949 Snover Rd.
Decker, MI 48426

RE: Application #: AF760266280
Hillside AFC
5949 Snover Rd.
Decker, MI 48426

Dear Mr. and Mrs. Smith:

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 (586) 412-6802.

Sincerely,

Vince Ferreri, Licensing Consultant
Office of Children and Adult Licensing
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6831

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF760266280
Applicant Name:	Smith, Shawn and George
Applicant Address:	5949 Snover Rd. Decker, MI 48426
Applicant Telephone #:	(989) 635-0205
Administrator/Licensee Designee:	N/A
Name of Facility:	Hillside AFC
Facility Address:	5949 Snover Rd. Decker, MI 48426
Facility Telephone #:	(989) 635-0205
Application Date:	04/02/2004
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

04/02/2004	Enrollment
04/21/2004	Inspection Report Requested - Health
10/15/2004	Inspection Completed-Env. Health : A New construction for well and septic. Completed 10/2004.
10/29/2004	Application Incomplete Letter Sent
12/21/2004	Inspection Completed On-site
12/21/2004	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a cape cod style home located on 14 acres in Decker, Michigan. The home is a newly built structure with the entire living area on one floor. The home has two resident bedrooms on the main floor, a full bath, a living room, a dining room with adjoining kitchen and a utility laundry /room. The east side of the home also has a full bathroom and the licensee's bedroom. The furnace and hot water are located in the basement. There is a two car attached garage. The neighborhood is rural in character. The home has over 379 sq. ft. of multi purpose space and will easily accommodate the three residents requested. The home is not wheelchair accessible.

The bedrooms are designated as follows:

- Bedroom # 1 contains 220 sq. ft. and will accommodate two residents.
- Bedroom # 2 contains 150 sq. ft. and will accommodate one resident.

The remaining bedroom is for licensee use. The facility is served by private water and sewer systems. They were inspected by the Sanilac County Health Department and approved on 10/15/2004.

The consultant conducted a fire safety inspection on 12/21/2004 and found the facility to be in full compliance with all applicable fire safety rules and regulations. The facility is equipped with smoke detectors on all levels and at the bedroom areas. The plumbing, electrical and heating systems were all in good working condition. A Certificate of Occupancy was issued on 12/15/2004 by the Sanilac County Department of Construction. The home is owned by the applicants, Shawn Mae Smith and Phillip George Smith. Mrs. Smith has approximately one year experience working at an AFC Home for the elderly and two years experience working with the developmentally disabled at Caro Regional Center in Caro , Michigan. Mr. Smith works out of the home and this will be his first experience caring for the elderly and/or developmentally disabled. Mr. and Mrs. Smith will be joint licensees. However, Mrs. Smith will be

responsible for the day to day operation of the home. She will be assisted in the care of the residents by her husband and part time staff as needed.

Good Moral Conduct requirements were explained to Mrs. Smith on 12/21/2004 and she indicated her intent to comply.

Zoning approval is not required as this facility meets the requirements of the Federal Fair Housing Amendment.

B. Program Description

All application materials were reviewed either onsite or in the office. Upon review, the consultant has determined the applicants were in full compliance with all applicable rules and regulations.

This family home will care for residents needing a general program. The applicants want to provide care to the elderly and/or developmentally disabled . They will accept male and female residents.

Record keeping requirements for residents and employee files as well as facility records were discussed with Mrs. Smith on 12/21/2004. She expressed her understanding and intent to comply with the requirements.

IV. CONCLUSIONS

No rule violations were observed during the 12/21/2004 inspection.

V. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of three (3).

_____ Vince Ferreri Licensing Consultant	_____ Date
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Approved By:

_____ Candyce Crompton Area Manager	_____ Date
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