



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW
DIRECTOR

August 12, 2005

Bruce & Ginger Doty
1661 Old U.S. 23
Brighton, MI 48114

RE: Application #: AF470264263
Granny's Delight
1661 Old U.S. 23
Brighton, MI 48114

Dear Bruce & Ginger Doty:

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 2 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) 780-7159.

Sincerely,

Chuck Wisman, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

enclosure

cc: Livingston County D.H.S., Adult Services

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF470264263
Applicant Name:	Bruce & Ginger Doty
Applicant Address:	1661 Old U.S. 23 Brighton, MI 48114
Applicant Telephone #:	(810) 227-5237
Administrator/Licensee Designee:	N/A
Name of Facility:	Granny's Delight
Facility Address:	1661 Old U.S. 23 Brighton, MI 48114
Facility Telephone #:	(810) 227-5237
Application Date:	01/26/2004
Capacity:	2
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, environmental inspection reports, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows:

01/26/2004	Enrollment
02/02/2004	Comment Transfer for onsite, entire LU file sent to Jackson
02/02/2004	Inspection Report Requested - Health
02/17/2004	Inspection Completed-Env. Health : D
03/15/2004	Inspection Completed
01/26/2005	Contact - Telephone call received Applicant left message updating that new well & septic system are to be installed.
01/26/2005	Contact - Telephone call made Applicant stated well and septic system replacement would begin in a week or two. Reiterated need to submit written plan of correction regarding March 2004 citations.
02/28/2005	Contact - Telephone call received Applicant stated new septic & water would be completed shortly. Almost all other requirements completed. Verification letter to arrive shortly
06/30/2005	Corrective Action Plan Received
06/30/2005	Inspection Report Requested - Health Re-inspection requested. Original inspection resulted in D rating
07/07/2005	Inspection Completed-Env. Health : A
08/02/2005	Inspection Completed
08/03/2005	Contact - Telephone call made Contacted a Bureau of Construction Codes & Fire Safety re: compliance of the floor separation door between the basement heat plant and rest of facility.
08/03/2005	Corrective Action Plan Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

The facility is a white vinyl-sided two-story home. There are three entrances into the facility. There is one at the front, one at the side of the facility, and the walkout basement also contains two entrances. It has an unattached one-car garage and an above ground pool. The pool is secured from unauthorized entry.

The front entrance of the facility opens to a foyer which then opens to the facility living room and formal dining area. This living area measures 375 square feet. Off the dining room is the facility kitchen. Off the kitchen are entrances to a four season "Florida Room" and a breakfast nook. Also off the kitchen is a corridor to the one resident bedroom, one full bathroom, a home office, and stairways to the facility basement and 2nd floor. The resident bedroom contains an internal corridor to a 2nd full bathroom. The licensee's bedrooms are located on the 2nd floor. The resident bedroom is located and measures as follows:

Southeast corner bedroom: $9'7" \times 11'3" + 6'6" \times 2'8" + 3" \times 4'6" - 11" \times 2'6" =$
124 sq. ft (2)*

*() Represents the number of licensed beds.

An exemption request for increasing the capacity of this bedroom to two was submitted by the licensee and was subsequently approved. The exemption request pertained to the available floor space for this bedroom. The resident bedroom currently lacked 6 square feet for approval of 2 residents.

A large hot tub is located in the facility basement. It is heated by electricity and is available for resident use. The basement contains a stairway to the 1st floor and two exits directly to the outside. The licensee requires that resident use of the hot tub be supervised by her or her responsible person.

The side entrance to the facility meets licensing requirements for egress.

2. Sanitation:

On February 17, 2004, the facility was inspected by the Livingston County Department of Public Health. The facility received a "D" rating ("Substantial non-compliance with applicable rules. Approval is not recommended".) This was due to deficiencies in both the private well and private septic system. The well was located inside the facility which was not an approved location. The location of the septic/drain field was unknown, and the size of the septic tank was unknown.

On July 7, 2005, a second environmental inspection report was received from the Livingston County Health Department regarding this facility. After installation of a new private well and septic system at the facility, the Livingston County Health Department determined the facility “to be in substantial compliance with applicable rules.” The septic field is an “engineered” field.

According to the licensees, garbage is removed weekly from the facility by Monroe’s Rubbish.

An above ground swimming pool is located at the rear of the facility. Entrance to the pool is via a set of steps which are removed when the pool is not in use. The licensees have indicated the use of the pool by residents must be supervised by the licensees or a responsible person. The licensees were provided an informational pamphlet regarding safety issues and recommendations in the use of a swimming pool. This pamphlet originally came from the Michigan Department of Community Health.

3. Fire Safety:

The facility is heated via steam radiators and steam baseboard heaters. The furnace is a natural gas-fired boiler located in the facility basement. An inspection of the boiler was conducted on May 16, 2005 by Advantage Chimney Cleaning Service. Verification of the inspection is contained in the licensing record. The hot water heater is also located in the basement, and it is heated by electricity.

A wood-fired fireplace is also located in the basement of the facility. On June 30, 2005, a copy of an inspection report of this fireplace by a licensed contractor was received. This fireplace and chimney were determined to be in a safe condition.

The smoke detectors were installed in all required locations and were tested on August 2, 2005, at the onsite inspection.

B. Program Description

1. Administrative structure and capability:

Licensing for this facility is based upon Public Act 218 and the administrative rules for family homes.

The household currently consists of the licensees, Bruce and Ginger Doty.

Criminal background checks were conducted on the licensees via the Michigan State Police database. The criminal background check of the facility’s “responsible person” was also conducted by the licensees via the Michigan State Police database.

2. Qualifications and competencies

Ginger Doty stated she had cared for a number of aged persons in the past in their homes or in her own home. She reported she has also been employed in the past in adult foster care homes.

Bruce and Ginger Doty were determined by a physician to be in good physical and mental condition and health for contact with or around dependent adults. Copies of their Licensing Medical Clearances are contained in the licensing record.

The requirements for adult foster care licensees regarding the "good moral character" of employees was reviewed with the licensee on August 2, 2005. They were provided with a copy of the statute and sample forms on the same date.

3. Program information

The facility will admit females who are aged and/or have Alzheimer's Disease. The facility is not wheelchair accessible.

Activities available in the facility include reading materials, daily newspaper, television, and music.

The facility swimming pool and hot tub are also available for use by the residents, but they must be supervised by the licensee or responsible person.

4. Facility and employee records

The required records for an adult foster care home were reviewed at the final inspection at the facility on August 2, 2005. An initial supply of forms was also provided at that time. The licensees were recommended to establish resident record files with required forms prior to admission of residents. They were also recommended to establish a separate file or record for each responsible person.

All employee and resident records will remain in the licensed facility.

Resident care, services, & records:

The rules pertaining to resident protection, assessment, behavior management, health care, nutrition, medications, hygiene, funds and valuables were reviewed with the licensees on August 2, 2005. At the time of the final, on-site inspection, the licensees were intending on utilizing a locking cabinet located in the facility office to store resident medications.

4. Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection.

Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim or renewal inspection

IV. RECOMMENDATION

It is recommend that a temporary license be issued. The terms of the license will permit the licensee to provide care for 2 female adults who are aged and/or have Alzheimer's Disease.

Chuck Wisman _____ Date
Licensing Consultant

Approved By:

Betsy Montgomery _____ Date
Area Manager