



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

May 25, 2006

Jamie Copeman-Salo, and Michael Salo,  
529 W Spring St  
Marquette, MI 49855

RE: Application #: AF520281403  
Meadow View  
529 W Spring St  
Marquette, MI 49855

Dear Jamie Copeman-Salo, and Michael Salo,

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 4 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 Deborah L. Clark, Area Manager, at (906) 228-0780.

Sincerely,

R. Mark Muscoe, Licensing Consultant  
Office of Children and Adult Licensing  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 228-0784

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF520281403
<b>Applicant Name:</b>	Copeman-Salo, Jamie and Salo, Michael
<b>Applicant Address:</b>	529 W Spring St Marquette, MI 49855
<b>Applicant Telephone #:</b>	(906) 228-4425
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Meadow View
<b>Facility Address:</b>	529 W Spring St Marquette, MI 49855
<b>Facility Telephone #:</b>	(906) 228-4425 12/19/2005
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

12/19/2005	Enrollment.
12/20/2005	Application Received Original.
01/05/2006	File Transferred To Field Office Upper Peninsula.
01/12/2006	Contact - Document Received- Local Office/ Application.
01/17/2006	Contact - Telephone call made/ Jamie Copeman-Salo.
01/19/2006	Contact - Telephone call received/ Mrs. Salo.
01/26/2006	Application Complete/On-site Needed.
01/27/2006	Inspection Completed-BFS Sub. Compliance. Contact-Document Sent/ Preliminary Inspection Report.
03/09/2006	Contact - Face to Face/ Jamie Copeman – Re: resident record keeping.
04/17/2006	Comment/ Document Sent -Letter to licensee./ Requesting update.
04/24/2006	Contact - Telephone call received/ Mrs. Salo.
05/09/2006	Inspection Completed-BFS Full Compliance. Contact - Face to Face/ Jamie Copeman-Salo.
05/23/2006	Contact/ Telephone call received. Contact/ Document received

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

**A. Physical Description of Facility** This proposed 4-bed adult foster care family home is a large two story home located on Spring St. in the city of Marquette, owned and operated by Mr. Michael Salo and Mrs. Jamie Copeman-Salo. Mr. Salo and Mrs. Copeman-Salo plan to provide services to mentally impaired and developmentally disabled adults. Mrs. Copeman-Salo, the primary care giver, has many years experience as an adult foster care provider in Arizona. Mrs. Copeman-Salo has also worked periodically to assist a local home provider.

This home is within walking distance of case management, psychological and psychiatric services. Medical services, dental services, a major hospital, shopping and recreational opportunities are all located in the city of Marquette.

The home is an older home that is in excellent repair. The front of this home faces north, where the primary entrance is located. The licensee's have added a complete railing around the porch, which spans the western side and the north side of the home.

The interior of the home is in excellent condition. All interior finishes in the home are lathe and plaster, which meets the requirements of R 400.1436(1). A resident living room and a resident dining/ kitchen area are centrally located on the west side of the home. The home is attractively decorated and appropriately furnished. The living room is 195 sq. ft. The dining room is 180 sq. ft. The total square footage for general living space equals 375 square feet, adequate for general living space.

There are four single occupancy resident bedrooms on the second level of the home.

Bedroom #1- 11' x 9' 10.5", 109 sq.ft., approved for single occupancy.

Bedroom #2- 8'8" x 14'1", 122 sq. ft., approved for single occupancy.

Bedroom #3- 15'9" x 10' 6", 165 sq. ft., approved for single occupancy.

Bedroom #4- 9'11" x 11' 6.5", 113 sq. ft., approved for single occupancy.

All resident bedrooms are on the second floor of the home. As a result, the home may serve ambulatory residents only per R 400.1431(7).

The home has a gas fired boiler and hot water heater in the basement of the home. This furnace was inspected and serviced in March 2006 by B & G Plumbing, Inc., a licensed plumbing and heating firm. Downs Electric, Inc., a licensed electrician, inspected and serviced the electrical system of the home in April 2006. The plumbing, heating and electrical systems were all noted to be in good operating condition. Some minor repairs were recommended for the electrical system, and they were completed. A floor separation door with a self-closing mechanism was added at the top of the stairs to the basement. Marquette City water and sewer service the home.

**B. Program Description** As requested in their application, Mr. Salo and Mrs. Copeman-Salo will provide personal care, supervision and protection to four developmentally and / or mentally impaired individuals. The home is not barrier free and may provide services to ambulatory residents only.

Mrs. Copeman-Salo will be the primary care giver. Her husband, Mr. Salo, will assist her. Mrs. Copeman-Salo will work with the Pathways and with Department of Human Services to receive case management services for their residents.

Extensive discussion has occurred with Mrs. Copeman-Salo regarding the home's responsibility for determining good moral character of care-providers. Mrs. Copeman-Salo is working with the new long-term care system to conduct appropriate screening of her responsible persons.

Mrs. Copeman-Salo is aware of the licensee responsibility to safeguard resident funds and valuables. Mrs. Copeman-Salo was made aware of R 400.1421, and has agreed to comply with the pertinent family home rules.

### C. Rule/Statutory Violations

A final inspection of the home on 05-09-06 found no rule violations.

### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 4, ambulatory).



05/25/06

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R. Mark Muscoe  
Licensing Consultant

Date

Approved By:



05/25/06

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Deborah Clark  
Area Manager

Date