



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

March 19, 2007

Ms. Ann Stevens  
11437 Henderson Rd  
Otisville, MI 48463

RE: Application #: AF250288160  
Ann's AFC Home  
11437 Henderson Rd  
Otisville, MI 48463

Dear Ms. Stevens:

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 (989) 835-7241.

Sincerely,

*Thomas F. Bauer*

Tom Bauer, Licensing Consultant  
Office of Children and Adult Licensing  
2320 W. Pierson Rd.  
Flint, MI 48504  
(810) 787-7033

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF250288160
<b>Applicant Name:</b>	Ann Stevens
<b>Applicant Address:</b>	11437 Henderson Rd Otisville, MI 48463
<b>Applicant Telephone #:</b>	(810) 631-4236
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Ann's AFC Home
<b>Facility Address:</b>	11437 Henderson Rd Otisville, MI 48463
<b>Facility Telephone #:</b>	(810) 631-4236
<b>Application Date:</b>	01/16/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

01/16/2007	Enrollment
01/18/2007	Application Incomplete Letter Sent 1326 for Ann, Lloyd and Vanessa
01/18/2007	Inspection Report Requested - Health
01/29/2007	Inspection Completed-Environmental Health: A
02/09/2007	Application Complete/On-site Needed
02/09/2007	File Transferred To Field Office Flint
02/23/2007	Inspection Completed On-site Original/Final inspection
03/14/2007	Contact - Document Received Floor plan/emergency procedures
03/14/2007	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Ann's AFC is a large two-story farmhouse that sits on 6-½ acres northwest of Otisville. The home has a private water and sewer services. The Genesee County Public Health inspected the well and septic system on 1/29/2007 and gave it an A rating. The applicant comes into this endeavor with years of prior experience. This facility was previously licensed as a medium group home in 1993. The applicant voluntarily closed her home in 2004.

#### Interior Description:

The first floor of the house will house the residents. The home has an addition that was created when it was licensed as a medium size group home. The addition contains a living room, dining room, bathroom, and five bedrooms. The kitchen is located next to the resident dining area. On the east side of the kitchen there is an additional family room area for use by the family members. The entire upstairs area will be used as living quarters for the family. The two means of exit from the resident area are ramped for wheelchair use. The heating plant and the hot water heater are located in the basement as well as the laundry facilities. There home has lots of space for off street parking.

Rule R400.1427, regarding living space, requires that each occupant shall not have less than 35 square feet of living space. At the preliminary inspection, indoor living areas were measured, and found to be of the following dimensions:

<b>ROOM/LOCATION</b>	<b>DIMENSIONS</b>	<b>AREA/SQ. FT.</b>
Living Room	14' X 11' 9"	165
Dining	12' X 15' 9"	131
<b>Total:</b>		296

The other family room area is an L shaped room of approximately 400 square feet.

Based upon the above information, and the proposed accommodation of 9 occupants, the home is in compliance with the requirements of Rule 400.1427(1)

At the inspection on 2/22/2007, I measured the proposed resident bedrooms. The following are the dimensions.

<b>ROOM/LOC.</b>	<b>DIMENSIONS</b>	<b>AREA/SQ. FT.</b>	<b>PROPOSEDCAPACITY</b>
Bedroom 1	13' X 9"	117	1
Bedroom 2	15' 5" X 9' 9"	151	1
Bedroom 3	18' X 9' 9"	175	2
Bedroom 4	15' X 9' 9"	146	1
Bedroom 5	14' 9" X 9' 9"	144	1
			=====
		Total	6

At the time of the inspection, I judged the home to be in compliance with Rule R400.1426 regarding the maintenance of the premises, and with requirements relating to environmental health (Rule R400.1424), food service (Rule R400. 1425), and bathrooms, (Rule R400.1430) and bedrooms generally (Rule R400.1431).

### **Fire Safety**

At the time of the inspection on 2/22/2007, I conducted a fire safety inspection in accordance with Part II of the family home administrative rules, which are the fire safety regulations for family homes licensed or proposed to be licensed after March 27, 1980. At the time of the inspection, all the living areas of the house conformed to the requirements of rules R400.1435 and rule R400.1436 relating to interior finish. The home more than met the requirements for family homes as far as smoke protection. The home has a full coverage integrated smoke protection/alarm system. The home is in compliance with Rule R400.1437 regarding smoke detection equipment, Rule R400.1438 regarding emergency preparedness, Rule R400.1440 regarding heat producing equipment, and Rule 400.1441 regarding electrical service.

**B: Program Description**

Ms. Stevens indicated on her application that the home would provide services to both older men and women. Ms. Steven's indicated at the time of the on-site inspection, that her husband would also be involved in the provision of care to the residents of the home. Her husband will act as her responsible back-up person. In accordance with licensing rules and statutory requirements, Ms. Stevens will provide 24-hour supervision, protection, and personal care in addition to self-care and habilitation training in accordance with the residents' written assessment plan, which will be completed at the time of admission. The Applicant, based on her prior experience, understands her responsibilities for resident care as outlined in Rule R400.1408 Resident Care, Licensee Responsibilities.

Based upon discussion at the time of my on-site inspection, the applicant demonstrated her understanding of her responsibilities as well as their intention to comply with department rules for resident care, resident rights and protection, behavior management, health care, medications, nutrition, hygiene, resident records, and the handling of resident funds and valuables. I provided the applicant with a supply of all the required licensing forms as part of the licensing process.

I have determined the applicant to be in compliance with departmental requirements relating to Rules 8 through 23. A more complete evaluation of these rules will take place at the time of the renewal inspection prior to the expiration of the temporary license. Ms. Stevens also understands that technical assistance and/or consultation will be available throughout the term of the temporary license.

**IV. RECOMMENDATION**

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

Thomas F. Bauer 3/19/2007  
Tom Bauer Date  
Licensing Consultant

Approved By:

Jack R. Failla 3/19/2007  
Jack R. Failla Date  
Area Manager