



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

June 11, 2007

Joseph C and Rhonda L Owens  
3819 S Wise Rd  
Mt Pleasant, MI 48858

RE: Application #: AF370288145  
Owens AFC  
3819 S Wise Rd  
Mt Pleasant, MI 48858

Dear Mr. and Mrs. Owens:

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,

Diane L Stier, Licensing Consultant  
Office of Children and Adult Licensing  
1475 S Bamber Road  
Mt. Pleasant, MI 48858-8010  
(989) 772-8479

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF370288145

**Applicant Name:** Owens Joseph C and Owens Rhonda L

**Applicant Address:** 3819 S Wise Rd  
Mt Pleasant, MI 48858

**Applicant Telephone #:** (989) 773-4315

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Owens AFC

**Facility Address:** 3819 S Wise Rd  
Mt Pleasant, MI 48858

**Facility Telephone #:** (989) 773-4315  
01/16/2007

**Application Date:**

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

01/16/2007	Enrollment
01/18/2007	Application Incomplete Letter Sent Need 1326 for Christopher.
01/18/2007	Inspection Report Requested - Health invoice1011798
02/05/2007	Inspection Completed-Env. Health : A
03/05/2007	Application Complete/On-site Needed
03/05/2007	File Transferred To Field Office Midland
03/07/2007	Comment Application packet received from C.O.
04/25/2007	Inspection Completed On-site Initial inspection; orientation to AFC
04/25/2007	Application Incomplete Letter Sent Left list of items needing correction with applicants.
05/16/2007	Inspection Completed On-site
06/11/2007	Application Complete – On-site Needed

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a one-story family home with full basement, located in a rural area outside Shepherd in Isabella County, about 10 miles from Mt. Pleasant. The facility has been a licensed children's foster home since 1988. The consultant inspected the facility, and copies of inspection approvals are on file. The LP gas water heater and new furnace (December 2006) are located on the ground floor. Laundry facilities are located in the basement, and a newly installed fire door is part of the floor separation. The home has a private water and septic system, and an Environmental Health Inspection was completed on February 5, 2007, by the local sanitarian, with full approval. The consultant conducted a fire safety inspection, and found the home to be in full compliance with applicable rules. Single-station battery-operated smoke detectors are located in all required areas. (Hard-wired, interconnected alarms are installed in the

home, but are improperly located (one on the walls more than 12" below the ceiling.) The applicants intend to have hard-wired, interconnected alarms installed properly in the future.

The home has four resident bedrooms, measuring as follows:

10.4' x 12.9' (134 sq. ft.)	NE
10.9' x 12.9' (140 sq. ft.)	NW 1
10.9' x 12.9' (140 sq. ft.)	NW 2
9.4' x 9.6' (90 sq. ft.)	SE

At the time of licensing, the facility is furnished for four residents. A full bath and half bath are located near the north bedrooms. A large living room (13' x 30' = 390 sq. ft.) provides more than sufficient living space for the residents and other occupants of the home. The kitchen, which includes a dining area, was inspected and found to be in full compliance. The master bedroom and attached bath will be used by the licensees. A locking cabinet is installed to protect and secure medications. The basement is used for storage. A car port and garage are located near the home, with a ramped walkway. The facility is wheelchair-accessible.

## **B. Program Description**

Applicants Rhonda and Joseph Owens have been licensed to provide children's foster care for several years. The two individuals to whom they have provided foster care (one of whom is their son) are now over the age of 18, prompting the Owens to apply for an adult foster care license. Their daughter also lives in the home. Licensing Record Clearances were conducted on the applicants without incident. The applicants have a procedure for determining good moral character of other responsible persons. The financial documents submitted provided evidence of financial stability and capability. Medical clearances for Mr. and Mrs. Owens show that both are in good health and free from communicable TB. A physician's statement, TB test, and LIEN clearance were also submitted for the responsible person named by the applicants, who is Justin J. Owens.

The AFC home will provide basic and specialized care to individuals with developmental disabilities, physical handicaps, or traumatic brain injury. The AFC home will provide recreational activities in the home, and will provide outings for residents, as well as transportation to medical appointments and other activities as needed and indicated in resident plans. Owens AFC will have a contract with Community Mental Health for Central Michigan, and will apply for Special Certification at the time of licensure.

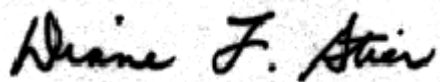
Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds. The applicant was also provided technical assistance on the statutory requirements pertaining to the hiring or contracting of persons who have direct access to residents of the home (Section 400.734b).

**C. Rule/Statutory Violations**

This home has been found to be in full compliance with the licensing act and applicable administrative rules.

**IV. RECOMMENDATION**

Based on the findings, it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an Adult Foster Care family home for 4 developmentally disabled, physically handicapped, or traumatically brain injured residents. The term of the license will be for a six-month period effective June 11, 2007.



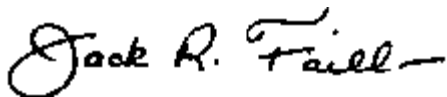
June 11, 2007

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Diane L Stier  
Licensing Consultant

Date

Approved By:



6/11/2007

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Jack R. Failla  
Area Manager

Date