



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 03, 2007

Sheila Breiler
Magnolia AFC Inc
9200 W Walker Rd
Manton, MI 49663

RE: Application #: AS570293674
Magnolia AFC East Inc
9200 W. Walker Road
Manton, MI 49663

Dear Mrs. Breiler:

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
Bureau of Children and Adult Licensing
1475 S Bamber Road
Mt. Pleasant, MI 48858-8010
(989) 772-8479

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS570293674
Applicant Name:	Magnolia AFC Inc
Applicant Address:	9200 W Walker Rd Manton, MI 49663
Applicant Telephone #:	(231) 839-4585
Administrator/Licensee Designee:	Sheila Breiler, Designee
Name of Facility:	Magnolia AFC East Inc
Facility Address:	9200 W. Walker Road Manton, MI 49663
Facility Telephone #:	(231) 839-4585
Application Date:	11/07/2007
Capacity:	5
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/07/2007	Enrollment
11/21/2007	Inspection Completed On-site Inspection of facility and records
11/29/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This single-story small group home is attached to an AFC Large Group Home licensed to the applicant, with a two-hour fire separation between the two facilities. [Fire safety approval of the firewall separation was obtained on January 31, 2007.] The facility consists of five resident bedrooms, two full baths, laundry room, kitchen, dining room, and living room. In addition, the home is barrier free. The home is located in a rural area, 8 miles from Lake City and 13 miles from Cadillac, where doctors, hospital, shopping and other facilities are available.

The furnace and hot water heater are located in a separate building outside the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.17' x 13.4'	122.9 sq. ft.	1
2	9.17' x 9.58'	87.8 sq. ft.	1
3	12.17' x 13.4'	163.1 sq. ft.	1
4	13.58' x 20.62'	280 sq. ft.	2

The living and dining areas measure a total of 858 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate five **(5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to five **(5)** male or female ambulatory/non ambulatory adults whose diagnosis is developmentally

disabled, mentally impaired, aged, or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: Northern Lakes CMH.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Magnolia AFC, Inc., which is a "For Profit Corporation" and was established in Michigan, on 6/25/1998. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Magnolia AFC, Inc., has submitted documentation appointing Sheila Breiler as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Licensee designee and administrator, Sheila Breiler has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Breiler has served in the same capacities for Magnolia AFC since 1998.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 2 staff –to- 5 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident’s file.

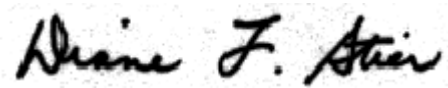
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 5).



12/03/2007

Diane L Stier
Licensing Consultant

Date

Approved By:



12/03/2007

Christopher J. Hibbler
Area Manager

Date