



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 25, 2008

William Benton
621 Hammer Rd.
P.O. Box 186
Kingsley, MI 49649

RE: Application #: AF280295643
Benton's A.F.C.
621 Hammer Rd.
Kingsley, MI 49649

Dear Mr. Benton:

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 (231) 922-5309.

Sincerely,

Julie Loncar, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5470

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AF280295643 |
| Applicant Name: | William Benton |
| Applicant Address: | 621 Hammer Rd. P.O. Box 186 Kingsley, MI 49649 |
| Applicant Telephone #: | (231) 263-5840 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Benton's A.F.C. |
| Facility Address: | 621 Hammer Rd. Kingsley, MI 49649 |
| Facility Telephone #: | (231) 263-5840 04/14/2008 |
| Application Date: | |
| Capacity: | 6 |
| Program Type: | AGED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 04/14/2008 | Enrollment |
| 04/29/2008 | Application Incomplete Letter Sent |
| 04/29/2008 | Inspection Completed-Environmental. Health : A |
| 05/02/2008 | Lic. Unit file referred for criminal history review William-NS |
| 05/19/2008 | Lic. Unit received criminal history file from review NS crime |
| 05/20/2008 | Application Complete/On-site Needed |
| 05/20/2008 | Inspection Completed On-site |
| 05/20/2008 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a rural area four miles southwest of Kingsley and is a one story, six bedroom home with a living room, kitchen/dining area, two full baths, laundry room and storage area. The resident area contains a hallway with four bedrooms, one full bath and a large living room area.

The fuel oil furnace and hot water heater are located in the basement which is accessible through a hatch door in the laundry room floor. The facility has battery powered, single station smoke detectors installed near sleeping areas, in the living room, in the (basement) near the furnace. Fire extinguishers are installed on the main floor and in the basement area.

The water and waste disposal systems are private. An environmental inspection was completed on 4/29/2008 and the facility was given an A for substantial compliance.

B. Program Description

Resident bedrooms have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 11.5 x 6.5 | 74.75 | 1 |
| 2 | 13 x 11.5 | 149.5 | 2 |
| 3 | 11 x 11 | 121 | 1 |
| 4 | 15 x 9 | 135 | 2 |

The living, dining, and sitting room areas are adequate and exceed the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility has been a licensed family home since 10/14/1975 and was operated by Wilma and Robert Benton. Mr. Benton passed away several years ago and Mrs. Benton recently passed away. The Benton's son William, who has lived in the facility for several years, will be operating the facility.

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged, developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant William Benton. Mr. Benton submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Benton has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Mr. Benton acknowledges the understanding that the requirement of an adult foster care family home is the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

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 family home (capacity 6).

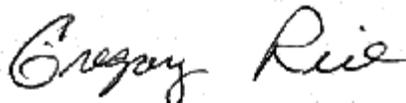


06/25/2008

Julie Loncar
Licensing Consultant

Date

Approved By:



06/25/2008

Gregory E. Rice
Area Manager

Date