



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

September 24, 2008

Kent Vander Loon
McBride Quality Care Services, Inc.
P.O. Box 387
Mt. Pleasant, MI 48804-0387

RE: Application #: AS370297177
McBride's Apple Tree AFC
5080 E. Blanchard Rd.
Shepherd, MI 48883

Dear Mr. Vander Loon:

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 5 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) 758-1754.

Sincerely,

Ronald R. Verhelle, Licensing Consultant
Bureau of Children and Adult Licensing
1475 S. Bamber Rd.
Mt. Pleasant, MI 48858-8010
(989) 772-8474

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS370297177

Applicant Name: McBride Quality Care Services, Inc.

Applicant Address: 209 E. Chippewa St.
Mt. Pleasant, MI 48858

Applicant Telephone #: (989) 772-1261

Administrator/Licensee Designee: Kent Vander Loon

Name of Facility: McBride's Apple Tree AFC

Facility Address: 5080 E. Blanchard Rd.
Shepherd, MI 48883

Facility Telephone #: (989) 828-7067

Application Date: 07/16/2008

Capacity: 5

Program Type: DEVELOPMENTALLY
DISABLEDMENTALLY ILL

II. METHODOLOGY

07/16/2008	Enrollment
08/20/2008	Inspection Completed- Environmental Health: A
09/15/2008	Inspection Completed-BFS Sub. Compliance
09/22/2008	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property located at 5080 E. Blanchard Rd., Shepherd, MI 48883 is owned by Alberta McBride Trust and leased to McBride Quality Care Services, Inc. The premises located at the above address is located approximately five miles from Mt. Pleasant and three miles from Shepherd. There is ample parking space on the premises.

McBride's Apple Tree AFC is an older two-story home with vinyl siding, a deck, and a basement. McBride's Apple Tree AFC contains a large living room, dining room, kitchen, upstairs and downstairs bathrooms, and three bedrooms. The capacity of McBride's Apple Tree AFC will enable five residents to utilize one private and two semi-private bedrooms. McBride's Apple Tree AFC is heated with propane and cooled with a window air-conditioner. McBride's Apple Tree AFC has a private well and septic system. McBride's Apple Tree AFC is not barrier free and wheelchair users can not be accepted for admission.

McBride's Apple Tree AFC has one furnace located in the basement. The floor is separated by a 1-3/4 inch solid core wood door with an automatic closing devise and positive latching door hardware. McBride's Apple Tree AFC is equipped with an interconnected, hardwired smoke detection system with battery back up which was inspected by Central Fire Protection of September 8, 2008, and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' 11" x 13' 2"	130.55	1
2	14' 10" x 14' 11"	221.20	2
3	10' x 14' 10"	148.30	2

The dining room and living room measure a total of 352.01 square feet of living space. This exceeds the minimum thirty-five square feet of common space per resident requirement.

The Central Michigan District Health Department determined McBride's Apple Tree AFC to be in full compliance with the *Environmental Health Rules for Adult Foster Care Small Group Homes* on August 20, 2008.

This licensing consultant determined McBride's Apple Tree AFC to be in full compliance with the *Maintenance of Premises Rules for Adult Foster Care Small Group Homes* on September 22, 2008.

Emergency medical, social, educational, and recreational services are available within the City of Mt. Pleasant and the Village of Shepherd. This would include hospitals, mental health clinics, aging services, community education programs, and recreation programs.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for McBride's Apple Tree AFC were reviewed and accepted as written. The applicant's designated licensee, Kent Vander Loon intends to provide twenty-four hour supervision, protection, and personal care to five (5) ambulatory male or female residents with developmental disabilities or mental illness 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 development needs. Residents will be referred by Community Mental Health for Central Michigan, and perhaps other community organizations. 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.

McBride Quality Care Services, Inc. will provide all transportation for program and medical needs. McBride's Apple Tree AFC will make provision for a variety of leisure and recreational equipment. It is the intent of McBride's Apple Tree AFC to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

McBride Quality Care Services, Inc. which is a non-profit corporation was established on October 9, 1989. McBride Quality Care Services 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 McBride Quality Care Services, Inc. has submitted documentation appointing Kent Vander Loon as licensee designee and administrator for this facility.

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

Kent Vander Loon has provided documentation to satisfy qualifications and training requirements identified in the administrative group home rules.

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

Kent Vander Loon 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.

Kent Vander Loon acknowledges 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.

Kent Vander Loon 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, Kent Vander Loon 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.

Kent Vander Loon acknowledges his 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, Kent Vander Loon acknowledges his 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.

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

Kent Vander Loon 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. Kent Vander Loon has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

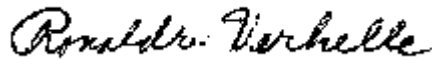
Kent Vander Loon acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Kent Vander Loon acknowledges his 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, Kent Vander Loon acknowledges his 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.

Kent Vander Loon acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

IV. RECOMMENDATION

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

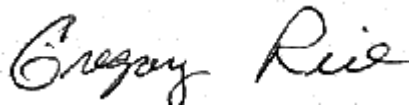


September 24, 2008

Ronald R. Verhelle
Licensing Consultant

Date

Approved By:



September 25, 2008

Gregory Rice
Area Manager

Date