



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

February 25, 2009

Marian Mustar
1568 E. Beaver Rd.
Kawkawlin, MI 48631

RE: Application #: AF090299125
M & M Adult Foster Care
1568 E. Beaver Rd.
Kawkawlin, MI 48631

Dear Ms. Mustar:

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) 758-1754.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
P.O. Box 1609
Midland, MI 48641
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF090299125
Applicant Name:	Marian Mustar
Applicant Address:	1568 E. Beaver Rd. Kawkawlin, MI 48631
Applicant Telephone #:	(989) 671-8906
Administrator/Licensee Designee:	N/A
Name of Facility:	M & M Adult Foster Care
Facility Address:	1568 E. Beaver Rd. Kawkawlin, MI 48631
Facility Telephone #:	(989) 671-8906
Application Date:	11/17/2008
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

11/17/2008	Enrollment
12/05/2008	Application Incomplete Letter Sent
01/12/2009	Inspection Completed On-site
02/10/2009	Inspection Completed On-site
02/23/2009	Contact - Document Received
02/25/2009	Inspection Completed-BFS-Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The house is located in a rural area of Bay County just North of Bay City. It is East of Mackinaw Road on Beaver Road about ¼ of a mile down. The home is located on the South side of Beaver Road. The home is a bi-level style home, constructed of wood with vinyl siding. When you enter the home there is a landing, with a set of 6 steps leading to the upper level and a set of 5 steps leading to the lower level of the home. The lower level of this home is not considered a basement and there is no requirement for floor separation and a solid core door.

The boiler system is located in the lower level closet in the large resident bedroom. (Licensing Technical Assistance defines a bi-level or split level home as equivalent to a ranch level home with no requirement for floor separation. The boiler also supplies the hot water for the home. The facility is equipped with a smoke detection system. Single station smoke detectors have been installed near sleeping areas, in the living room, in the boiler closet, laundry room and a heat detector is installed in the kitchen area. Fire extinguishers are installed on each level of the home. A boiler inspection was done on 1/29/09 by Consumer Energy.

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

Master suite	12' x 16'	192 square feet	licensee's room
<u>Upper level</u>			
Bedroom 1	16' x 10'	160 sq. feet	double occupancy
<u>Lower Level</u>			
Bedroom 2	12' x 23'	372 sq. feet	four residents

The living room, dining room, sun room and family room areas measure a total of 867 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Sun room	8' x 20'	160 square feet
Dining Room	11' x 12'	132 square feet
Living Room	13' x 23'	299 square feet
Family Room	12' x 23'	276 square feet

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

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged 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. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside income resources.

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.

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 AFC adult family home (capacity 1-6).

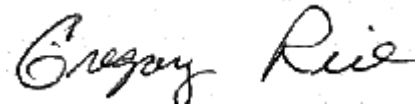


02/25/2009

Mary T. Fischer
Licensing Consultant

Date

Approved By:



02/25/2009

Gregory Rice
Area Manager

Date