RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 6, 2016

Susan Maxbauer
98 S. Lamotte Street
Sandusky, MI 48471

RE: Application #: AF760382031
The Cottage House
2347 Harrington Road
Croswell, MI 49422

Dear Mrs. Maxbauer:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Kathryn Huber

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AF760382031
Applicant Name:	Susan Maxbauer
Applicant Address:	2347 Harrington Road Croswell, MI 49422
Applicant Telephone #:	(810) 712-0711
Administrator/Licensee Designee:	N/A
Name of Facility:	The Cottage House
Facility Address:	2347 Harrington Road Croswell, MI 49422
Facility Telephone #:	(810) 712-0711
Application Date:	03/01/2016
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

03/01/2016	Enrollment
03/23/2016	PSOR on Address Completed
03/23/2016	Inspection Report Requested - Health 1025514.
03/23/2016	Application Incomplete Letter Sent EHI, 1326s/Susan & Annise.
03/23/2016	Contact - Document Sent Act & Rules.
05/24/2016	Inspection Completed-Env. Health : A
05/27/2016	Inspection Completed On-site
06/23/2016	Comment Wtg on RI-030/Susan
06/23/2016	Inspection Completed On-site
06/23/2016	Inspection Completed-BCAL Full Compliance
06/24/2016	Contact - Document Received RI-030.
06/27/2016	Contact - Document Received Birth Cert verifying birthdate.
06/27/2016	File Transferred To Field Office Saginaw.
07/06/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Cottage House located at 2347 Harrington Road, Croswell Michigan is being purchased by Susan Maxbauer with Michigan State University Federal Credit Union as the mortgage holder.

The facility is a single-story brick ranch style home located on a large 190 X 190 foot lot in rural Croswell, Michigan. The home has four bedrooms, 1 and ½ bathrooms, a large living room, game room, dining room, a utility room with laundry and a staff office area.

The home has central air conditioning. The facility was previously licensed as Harrington Farm continuously from November 5, 2003 through April 19, 2016. The boiler and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The boiler inspector determined the boiler was fully operation on May 17, 2016. 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.

The Cottage House has private water and sewer systems. Sanilac County Environmental Health Sanitarian gave the systems a full approval on May 24, 2016.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 NE	11' 6" X 11' 5"	131.29 sq. feet	2
#2 SE	11' 2" X 14' 8"	163.78 sq. feet	2
#3 SW	11' 2" X 14' 8"	163.78 sq. feet	2

The living, dining, and game room areas measure a total of 710 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The facility is wheelchair accessible. The facility is flat to the egress surface.

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

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male or female residents, whose diagnosis is developmentally disable, mentally ill or aged, ages 21 and above. The facility is wheelchair accessible and wheelchair users will be accepted. 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 and responsible person. 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 employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that 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 six 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.identogo.com) , (formerly L-1 Enrollment, by Morpho Trust) 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.

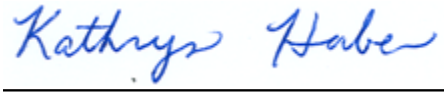
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).



07/06/2016

Kathryn A. Huber Date
Licensing Consultant

Approved By:

07/07/2016

Mary E Holton Date
Area Manager