



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

January 7, 2010

Sarah Townsend
5505 Cloverlawn
Flint, MI 48504

RE: Application #: AF250304927
Bel-Aire Woods AFC #2
1330 Eldorado
Flint, MI 48504

Dear Ms. Townsend:

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) 758-2717.

Sincerely,

James Clark, Licensing Consultant
Bureau of Children and Adult Licensing
2320 W. Pierson Rd.
Flint, MI 48504
(810) 787-7034

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF250304927

Applicant Name: Sarah Townsend

Applicant Address: 1330 Eldorado
Flint, MI 48504

Applicant Telephone #: (810) 471-9192

Name of Facility: Bel-Aire Woods AFC #2

Facility Address: 1330 Eldorado
Flint, MI 48504

Facility Telephone #: (810) 471-9192

Application Date: 08/31/2009

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/31/2009	Enrollment
09/30/2009	Application Incomplete Letter Sent
12/14/2009	Inspection Completed On-site Initial inspection
01/06/2010	Inspection Completed On-site
01/06/2010	Inspection Completed- BFS Full Compliance
01/07/2010	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Bel-Aire Woods AFC #2 home is a brick/wood/aluminum sided colonial with a two car attached garage. It consists of a living room, dining room, family room, laundry room, and bathroom on the main floor. The upstairs has four bedrooms and two full baths.

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. Fire extinguishers are installed on each floor of the home.

The applicant requested in writing that bedrooms #3, #4, and #5 serve as private rooms. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

<u>Room</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
Room 1	15.5' X 13.5'	206 sq. ft.	0*
Room 2	13.3' X 13'	173 sq. ft.	2
Room 3	13.2' X 11.6'	153 sq. ft.	1
Room 4	11' X 13"	143 sq. ft.	1
Room 5	12.5' X 13.3'	166 sq. ft.	1

* = licensee's room

Total capacity = 5 residents

NOTE: The finished basement cannot currently serve as a bedroom for any family member or staff person

The living, dining, and family room areas measure a total of 737 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.

<u>Room</u>	<u>Dimensions</u>	<u>Square footage</u>
Dining Room	13' X 13'	169 sq. ft.
Living Room	13.5' X 21.3'	288 sq. ft.
Family Room	13' X 21.5'	280 sq. ft.
Adequate space is available for the number of proposed residents		
The finished basement area is not approved activity space for the future residents.		

The house is equipped with an interconnected smoke detector system powered by the electrical system in the house. Ms. Townsend has submitted a written statement that says neither of the two fireplaces in the house will be used.

B. Program Description

Ms. Townsend intends to provide 24-hour supervision, protection, and personal care to four (4) ambulatory residents, whose diagnosis is developmentally delayed. 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

Ms. Townsend has been an AFC licensee since 10/08/2004 at the Bel-Aire Woods AFC (AF250264631). It is her intent to move from that location when the license is issued at 1330 Eldorado in Flint. She has submitted a written statement that the furniture and appliances will be moved to the new location after the license is issued.

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.

Ms. Townsend has sufficient financial resources to provide for the adequate care of the residents as evidence by the projected income from caring for AFC residents along with outside income.

Ms. Townsend 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 (5) 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.

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

Ms. Townsend 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 maintained in each employees record to demonstrate compliance.

Ms. Townsend 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.

Ms. Townsend 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.

Ms. Townsend 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.

Ms. Townsend 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.

Ms. Townsend 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.

Ms. Townsend 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.

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

Ms. Townsend 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 AFC adult family home (capacity 1-6).

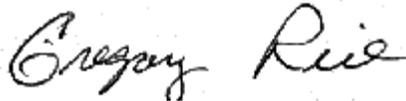


01/07/2010

James Clark
Licensing Consultant

Date

Approved By:



01/07/2010

Gregory Rice
Area Manager

Date