



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 04, 2010

Tuana Lothery
2424 Peck St.
Muskegon Hts., MI 49444

RE: Application #: AF610303558
C.M.L. Homes
2424 Peck St.
Muskegon Heights, MI 49444

Dear Ms. Lothery:

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 3 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 (616) 356-0100.

Sincerely,

Jerry Hendrick, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 356-0112

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF610303558
Applicant Name:	Tuana Lothery
Applicant Address:	2424 Peck St. Muskegon Heights, MI 49444
Applicant Telephone #:	(231) 903-8555
Administrator/Licensee Designee:	N/A
Name of Facility:	C.M.L. Homes
Facility Address:	2424 Peck St. Muskegon Heights, MI 49444
Facility Telephone #:	(231) 903-8555
Application Date:	07/23/2009
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/23/2009	Enrollment
07/27/2009	Contact - Document Sent Rule & ACT Books
09/11/2009	Contact - Document Received 1326's for Member of the household & Responsible Person
09/21/2009	Licensing Unit file referred for criminal history review Applicant & Responsible Person
09/29/2009	Application Incomplete Letter Sent Page 2 of application
10/06/2009	Contact - Document Received Page 2 of app
10/07/2009	Application Complete/On-site Needed
10/07/2009	File Transferred To Field Office Grand Rapids
10/12/2009	Application Incomplete Letter Sent
10/27/2009	Contact - Document Received Documents required for application
11/09/2009	Contact - Document Received Floor plan
12/04/2009	Inspection Completed On-site
12/04/2009	Inspection Completed-BFS Sub. Compliance
12/07/2009	Contact - Telephone call made To applicant
02/26/2010	Inspection Completed On-Site
02/26/2010	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a very well-maintained bi-level single family residence that is occupied by the applicant and her adult brother. The home was built in 2005 and is located in a residential neighborhood consisting of other comparably-sized homes. The upper level of the home includes three bedrooms, one full bathroom, one half bathroom, a kitchen with dining area and a living room. The lower level of the home is not fully finished but does include a finished full bathroom that will be available for resident use. The home is not approved for non-ambulatory residents or residents with impaired mobility.

The furnace and hot water heater are located in the lower level with a metal door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility also has a battery powered single station smoke detector that was installed in the kitchen.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	14' X 11'	154 square feet	2
#2	10' X 9'	90 square feet	1

The living, dining, and sitting room areas measure a total of 325 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **three (3)** 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 three (3) ambulatory residents, whose diagnosis is 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, Tuana Lothery. Ms. Lothery and responsible person, Dorothy Gardner 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 must reside 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 three (3) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant acknowledges that the number of responsible persons –to- residents on duty in the home may increase in order to meet the adequate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledges an understanding of the qualification and suitability 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) and the related documents required to be maintained in each employee’s 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 good moral character and medical documentation and signatures that are to be completed prior to the responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to each responsible person or volunteer working directly with those residents.

The applicant acknowledges their responsibility to maintain a current employee record on file in the home for each licensee, responsible person or volunteer and follow 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 their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

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

The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 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.

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 1-3).



03/04/2010

Jerry Hendrick
Licensing Consultant

Date

Approved By:



03/04/2010

Christopher J. Hibbler
Area Manager

Date