



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 1, 2011

Peggy Selmon
2145 Leahy Street
Muskegon Heights, MI 49444

RE: Application #: AF610311174
Morning Glory AFC
2325 Peck St.
Muskegon Heights, MI 49444

Dear Ms. Selmon:

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 effective 03/01/2011 through 08/31/2011.

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 #: AF610311174

Applicant Name: Peggy Selmon

Applicant Address: 2145 Leahy Street
Muskegon Heights, MI 49444

Applicant Telephone #: (231) 739-0993

Administrator/Licensee Designee: N/A

Name of Facility: Morning Glory AFC

Facility Address: 2325 Peck St.
Muskegon Heights, MI 49444

Facility Telephone #: (231) 739-0993

Application Date: 11/16/2010

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

11/16/2010	Enrollment
11/23/2010	PSOR on Address Completed
11/23/2010	Contact - Document Sent Rule & ACT Books
11/23/2010	File Transferred To Field Office Grand Rapids
01/13/2011	Inspection Completed On-site
01/13/2011	Inspection Completed-BCAL Sub. Compliance
01/31/2011	Contact - Telephone call made Applicant not ready for re-inspection. Will notify me by mail this week.
02/01/2011	Contact - Document Received Response to confirming letter
02/02/2011	Contact - Telephone call made Scheduled re-inspection
02/10/2011	Inspection Completed On-site All violations not corrected.
02/17/2011	Inspection Completed On-site
02/17/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a single-family two-story residence located in the urban community of Muskegon Heights. The main floor of the home includes a living room, dining room, kitchen, bathroom, resident bedroom and a bedroom which will be used by the licensee. The second floor of the home includes three bedrooms, which will be used by the residents and a full bathroom. The basement is unfinished and residents will not be allowed downstairs.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery- powered, single station smoke

detectors which have been installed near sleeping areas, in the living room and in the (basement) near the furnace. Fire extinguishers are installed on each floor of the home.

Resident bedrooms have been measured and include the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10' 6" x 15	158	1
#2	14' 6" x 12	174	2
#3	8 x 13' 6"	108	1
#4	12 x 10	120	1
#5	9 x 10	90	1

The living, dining, and sitting room areas measure a total of 418 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 **six (6)** 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 (6) ambulatory residents, whose diagnosis is mentally ill, developmentally disabled or aged. 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 employment.

The applicant acknowledges an understanding of the requirement of an adult foster care family home that the licensee resides in the home in order to maintain this category of adult foster care license.

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.

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 for this AFC adult family home (capacity 6).

03/01/2011

Jerry Hendrick	Date
Licensing Consultant	

Approved By:

03/01/2011

Gregory Corrigan	Date
Area Manager	