



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 6, 2011

James Burnett and Christopher Burnett
4318 E Coldwater Rd
Flint, MI 48506

RE: Application #: AF250306920
Coldwater Place AFC
4318 E Coldwater Rd
Flint, MI 48506

Dear James and Christopher Burnett:

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 (248) 975-5053.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 110
1388 W. Bristol Rd.
Flint, MI 48507
(810) 787-7034

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250306920
Applicant Name:	James Burnett and Christopher Burnett
Applicant Address:	4318 E Coldwater Rd Flint, MI 48506
Applicant Telephone #:	(810) 736-1496
Name of Facility:	Coldwater Place AFC
Facility Address:	4318 E Coldwater Rd Flint, MI 48506
Facility Telephone #:	(810) 736-1496
Application Date:	02/18/2010
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/18/2010	Enrollment
02/23/2010	Application Incomplete Letter Sent 1326 James, Christopher and Rhonda.
03/04/2010	Inspection Report Requested - Health
03/04/2010	Application Complete/On-site Needed
03/09/2010	Application Incomplete Letter Sent
03/16/2010	Inspection Completed-Env. Health: A
05/31/2011	Inspection Completed On-site
05/31/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in a rural area on the eastern edge of the city of Flint, Michigan. This facility is located on a five acre property with other buildings housing livestock.

The bedroom space available is as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
Bedroom 1	10' x 13'	130 sq. ft.	1
Bedroom 2	12' x 10'	120 sq. ft.	1
Bedroom 3	19' x 20'	380 sq. ft.	2
Bedroom 4	13' x 13'	169 sq. ft.	2

The living and dining areas are of adequate size for six residents. There are two bathrooms available for resident use and there is an adequate laundry area for resident use.

B. Program Description

The applicants intend 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 applicants 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 criminal convictions recorded for the applicants. The applicants and responsible persons submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have 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 applicants acknowledge 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 applicants acknowledge an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 applicants have 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 applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicants acknowledge 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 applicants acknowledge 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.

The applicants were 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).

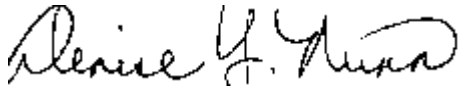


6/1/2011

Kent W Gieselman
Licensing Consultant

Date

Approved By:



6/6/2011

Denise Y. Nunn
Area Manager

Date