



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 19, 2011

Valarie Franzel
Babions Foster Care Corp.
3510 S. Gleaner Rd.
Saginaw, MI 48609

RE: Application #: AM730309598
Babions Foster Care
305 S. Midland St.
Merrill, MI 48637

Dear Mrs. Franzel:

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 11 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,

Kathryn A. Huber, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 758-2736

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM730309598

Applicant Name: Babions Foster Care Corp.

Applicant Address: 3510 S. Gleaner Rd.
Saginaw, MI 48609

Applicant Telephone #: (989) 642-3285

Administrator/Licensee Designee: Valarie Franzel, Designee

Name of Facility: Babions Foster Care

Facility Address: 305 S. Midland St.
Merrill, MI 48637

Facility Telephone #: (989) 643-5294

Application Date: 07/27/2010

Capacity: 11

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/27/2010	Enrollment
08/16/2010	Inspection Completed-Env. Health : A
09/23/2010	Application Incomplete Letter Sent
01/24/2011	Inspection Completed On-site
01/24/2011	Application Complete/On-site Needed
02/11/2011	Inspection Completed-Env. Health : A
08/09/2011	Inspection Completed-Fire Safety : A
08/31/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed previously as a medium group home (AM730009500 and AM730257323) since 10/18/1984, and has remained in continuous operation. The home is located in the village of Merrill about three blocks south of M-46 and downtown Merrill. The home is being purchased by Valerie Franzel on a land contract and documentation is in the licensing file. Local zoning approval remains in effect. This is a two-story wood frame home with an addition. The second story is used for office and storage purposes only.

The furnace and hot water heater are located in a room on the first level that is constructed of material that has a 1-hour-fire-resistance rating. Final Fire Safety approval was issued on 08/09/2011. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The home has city water and sewer system. Saginaw County Environmental Health approval was issued on 02/11/11.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	11' X 13'6"	148.5 sq. ft.	2
#2	11' X 7'6"	82.5 sq. ft.	1
#3	10' X 8'	80 sq. ft.	1
#4	11'10" X 8' 6"	100 sq. ft.	1
#5	16' 2" X 9' 2"	148	2
#6	16' 2" X 11'	184	2

#7	13' 6" X 11' 8"	157	2
----	-----------------	-----	---

The living, dining, and sitting room areas measure a total of 509 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 **eleven** (11) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **eleven** (11) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, aged, and/or diagnosed with Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Community Mental Health Authority, hospitals, and nursing homes.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Babion's Adult Foster Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 08/06/2010. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Babion's Adult Foster Care, L.L.C. has submitted documentation appointing Valarie Franzel as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this eleven bed facility is adequate and includes a minimum of one staff to eleven residents per shift. Licensee Designee Valarie Franzel will also be present daily. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

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.cogentid.com/mi/index), Cogent Systems™ (formerly L 1 Identity Solutions®), 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. 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 each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 11).



09/19/2011

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



09/19/2011

Jerry Hendrick
Area Manager

Date