



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 9, 2012

Eric McBean
McBean Transitional Care, LLC
Suite 211
2712 N. Saginaw Street
Flint, MI 48505

RE: Application #: AS250315962
McBean Transitional Care - Lynton
1410 Lynton Ave
Flint, MI 48507

Dear Mr. McBean:

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 (810) 787-7031.

Sincerely,

Crecendra Brown, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 787-7035

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250315962
Applicant Name:	McBean Transitional Care, LLC
Applicant Address:	Suite 211 2712 N. Saginaw Street Flint, MI 48505
Applicant Telephone #:	(810) 877-1814
Administrator/Licensee Designee:	Eric McBean, Designee
Name of Facility:	McBean Transitional Care - Lynton
Facility Address:	1410 Lynton Ave Flint, MI 48507
Facility Telephone #:	(810) 820-8844
Application Date:	10/04/2011
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

10/04/2011	Enrollment
10/27/2011	Application Incomplete Letter Sent 1326 for Christina
01/13/2012	Application Incomplete Letter Sent
03/09/2012	Inspection Report Requested - Health
03/15/2012	Application Complete/On-site Needed
03/15/2012	Inspection Completed On-site
03/20/2012	Inspection Completed-Env. Health: A
04/17/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

McBean Transitional Care - Lynton is a bi-level style home located at 1410 Lynton Avenue in Flint. The home sits on a large lot and has a driveway that can accommodate parking for several cars. The home has a full size basement, which houses the hot water heater and furnace.

The first floor of the house is made up of a large living room, a kitchen, large dining area, recreation room, two full size bathrooms, two private resident bedrooms and two resident bedrooms, which will accommodate two residents per room. The second floor will be occupied by the licensee designee and his family.

The facility utilizes a private water supply system and a private sewage disposal system. The facility has been determined to be in substantial compliance from their inspection conducted on March 20, 2012 by the Genesee County Health Department.

The bedroom measurements are as follows:

Location	Dimensions	Square Footage	Capacity
1 st Floor Private (Right)	14'1" x 11'8"	166	1
1 st Floor Private (Left)	11'7" x 13'2"	154	1
1 st Floor (Back)	14'10" x 11'7"	165	2
1 st Floor (Front)	14'3" x 11'7"	167	2

The living, dining, and sitting room areas measure a total of 701 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R400.1502, R400.14503, and R400.14504.

Based on the above information, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, McBean Transitional Care LLC, submitted a copy of the required documentation to the consultant. 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 three male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired and aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

McBean Transitional Care LLC will ensure that the resident's transportation and medical needs are met. McBean Transitional Care LLC has transportation available for residents to access community-based resources and services. 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

On 10/05/2011, McBean Transitional Care LLC submitted an application to provide foster care services to six adults at 1410 Lynton Avenue, Flint, Michigan.

The applicant, McBean Transitional Care LLC, which is a “Michigan Nonprofit Corporation”, was established in Michigan, on 01/21/2011. McBean Transitional Care LLC is a Michigan corporation. The corporation is a new adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the corporation.

McBean Transitional Care LLC submitted a written statement naming Mr. Eric McBean as the licensee designee and as the facility administrator. Mr. McBean submitted a licensing record clearance request that was completed with no LEIN convictions recorded. He also submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. Mr. McBean has 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 six bed facility is adequate and includes a minimum of two staff to six residents per shift. 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 1-to-6 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.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 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.

The applicant acknowledges their responsibility to obtain all of 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.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 small group home (capacity 1-6).

Crecendra Brown

May 9, 2012

Crecendra Brown
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

May 9, 2012

Denise Y. Nunn
Area Manager

Date