



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 9, 2012

Anthony Williams
1308 Heathercrest
Flint, MI 48532

RE: Application #: AF250316715
Heathercrest AFC
1308 Heathercrest
Flint, MI 48532

Dear Mr. Williams:

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 #:	AF250316715
Applicant Name:	Anthony Williams
Applicant Address:	1308 Heathercrest Flint, MI 48532
Applicant Telephone #:	(810) 515-6659
Administrator/Licensee Designee:	N/A
Name of Facility:	Heathercrest AFC
Facility Address:	1308 Heathercrest Flint, MI 48532
Facility Telephone #:	(810) 515-6659
Application Date:	01/03/2012
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/03/2012	Enrollment
01/05/2012	Application Incomplete Letter Sent Item 45 on app; SOS Anthony, Allisha; SS on Yolanda
01/19/2012	Application Incomplete Letter Sent
01/30/2012	Inspection Completed-Env. Health : A
04/26/2012	Application Complete/On-site Needed
04/26/2012	Inspection Completed On-site
05/02/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style 1 story structure. It is situated in a suburban subdivision residential neighborhood. It is near a main road and is within a few miles from social, recreational, cultural and other community-based facilities.

The facility has a large backyard with a deck attached to the back. There is a two car attached garage. The driveway provides adequate parking for staff and visitors. The entire yard is nicely landscaped. The main level consists of the licensee bedroom, the dining room, the kitchen, the family room, 3 resident bedrooms, a full bathroom with a tub and a half bath. The main level is occupied by the licensee and residents.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The alarm is initiated that is audible in all sleeping rooms with the doors closed. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (Front)	17'5" x 11'5"	201	3
2 (Back Right)	11'3" x 10'11"	114	1
3 (Back Left)	12'5" x 11'5"	144	2

The living room contains 322 square feet of indoor living space and this exceeds the requirements for seven (7) occupants.

The facility utilizes a private water supply system and a municipal sewage disposal system. The Genesee County Health Department completed analysis of the facility water on 01/30/2012 and gave the facility an "A" rating.

B. Program Description

On January 12, 2012, Anthony Williams submitted an application for a license to provide foster care services for up to six adults with mental illness, developmental disabilities, aged and physically handicapped. Mr. Williams submitted all required documentation, including license record clearance, medical clearance, verification of experience, verification of education, verification of qualifications, and financial information.

The goal of Heathercrest AFC is to provide a clean, safe, and caring environment for mentally ill, developmentally disabled aged and physically handicapped adults. The licensee will provide basic self-care, habilitation training and transportation. Community-based resources will be utilized in order to provide the least restrictive environment for the residents.

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.

The applicant was provided technical assistance regarding the statutory requirements (Section 400.734b of Public Act 218), pertaining to the hiring or contracting of persons who provide direct services to the residents.

Technical assistance was provided to the applicant regarding administrative rules related to the facility, resident, and employee record keeping, including the handling and accounting of resident funds and valuables.

C. Rule/Statutory Violations

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant (s). 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(s) 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 applicant acknowledges 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 (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 is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family 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