



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 13, 2012

Judith Fitton
3501 S. Jerome Road
Pittsford, MI 49271

RE: Application #: AF300317037
Saving Grace
3501 S. Jerome Road
Pittsford, MI 49271

Dear Ms. Fitton:

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 4 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 (517) 241-2585.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 260-3583

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF300317037
Applicant Name:	Judith Fitton
Applicant Address:	3501 S. Jerome Road Pittsford, MI 49271
Applicant Telephone #:	(517) 523-3024
Administrator/Licensee Designee:	N/A
Name of Facility:	Saving Grace
Facility Address:	3501 S. Jerome Road Pittsford, MI 49271
Facility Telephone #:	(517) 523-3024
Application Date:	01/26/2012
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

01/26/2012	Enrollment
01/30/2012	PSOR on Address Completed
01/30/2012	Contact - Document Sent Rules & Act booklets
01/31/2012	Inspection Report Requested - Health Inv. #1019799
01/31/2012	Application Incomplete Letter Sent
02/02/2012	Contact - Document Received Received record clearances for Scott Fitton and Carol Witte.
02/02/2012	Licensing Unit file referred for criminal history review File to Mary Holton, Specified Crime - Arthur (Scott)
02/15/2012	Application Incomplete Letter Sent GMC letter sent regarding SF conviction.
05/03/2012	Licensing Unit received criminal history file from review
05/03/2012	Application Complete/On-site Needed
05/29/2012	Inspection Completed On-site
05/29/2012	Inspection Completed-BCAL Sub. Compliance
08/15/2012	Inspection Completed-Environmental Health : A
10/01/2012	Application Incomplete Letter Sent
10/22/2012	Contact - Face to Face On-site inspection.
10/30/2012	Inspection Completed On-site
11/05/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

1. Physical Description of Facility

This is a ranch-style home located in a rural country setting in Pittsford Township. The home was built in 2006 and is situated on 134 acres that are owned by the applicant and her husband. The resident living area is located on the main floor, the applicant and her husband reside in the basement; its exit is through sliding glass doors that lead out to the back yard. No children reside in this home. The home will not be approved for wheelchairs as both entrances to the resident living area are accessed by several steps leading up to the entrance doors.

The main entrance is located on the south side of the home, immediately off the circular driveway. Upon entering this entrance, immediately to the right is a door that leads to the basement. To the left of the entrance is a walk-through area where the washer and dryer are located as well as a locked closet that holds the locked medication cart. Immediately past this area is a large kitchen and dining area. To the right of the dining area is a large resident bedroom with full bathroom. To the left of the dining area is the second entrance to the home, a full bathroom, and two resident bedrooms. Immediately adjacent to the dining area is a very large resident living room. The home is very well maintained and furnished.

The home has a private well and private sewage disposal system. Both of these systems were reviewed by the Hillsdale County Public Health Department and given an "A" rating on 8/15/12.

The home is heated by a forced air propane gas furnace. The applicant provided documentation that this furnace was recently inspected and found to be in good working order. The kitchen range, clothes dryer, and hot water heater are electric. The furnace and hot water heater are located in the basement; an approved fire rated door with an automatic self-closing device is located at the top of the basement stairway. This door has positive latching hardware and provides a full seal when closed. There is fireplace in the living room which has an enclosed gas log insert; the applicant provided documentation that the insert was recently inspected by a certified heating contractor and found to be operating in a safe condition.

The home is equipped with an interconnected, hardwired smoke detection system and was functional when tested. There are multiple smoke detectors located throughout the home, including the basement and exceed the minimum requirements for AFC.

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

Bedroom	Room Dimensions	Total Sq. Footage	Total # of Beds
S.E. Bedroom	14' 7" x 13' 5"	195	2
N.E. Bedroom	15' x 12' 8"	189	2

N.W. Bedroom	15' x 12' 8"	189	2
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The indoor living and dining areas measure a total of 330 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon minimum square footage information, this facility can accommodate 6 residents; however, the applicant at this time is requesting to be licensed for 4 residents.

2. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 4 male/female residents who are aged. The program will include an opportunity for residents to develop positive social skills, have regular unannounced visits and phone calls from relatives and friends, opportunities for community-based recreational activities as well as participation in religious services of their own choice and in-home activities based upon resident choice. The applicant intends to accept residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

3. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant, Judith Fitton; member of household, Scott Fitton; and responsible person, Carol Witte were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Fitton, Mr. Fitton, and Ms. Witte submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income form caring for AFC residents along with outside employment and land rent.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 4 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicated that resident medication will be stored in a locked medication cabinet located in a locked closet and that medication logs will be maintained on each resident receiving medication.

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 acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.


The applicant acknowledged that residents requiring the use of a wheelchair will not reside in this home.

C. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of 4 residents.



11/13/12

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



11/13/12

Betsy Montgomery
Area Manager

Date