



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 11, 2013

Hedy Hamilton
Hamilton's Assisted Living Inc.
3138 Curtis Drive
Flint, MI 48507

RE: Application #: AM250338201
Hamilton's Assisted Living Inc.
3138 Curtis Drive
Flint, MI 48507

Dear Ms. Hamilton:

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 12 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) 373-2506.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250338201
Applicant Name:	Hamilton's Assisted Living Inc.
Applicant Address:	3138 Curtis Drive Flint, MI 48507
Applicant Telephone #:	(810) 733-7390
Licensee Designee:	Hedy Hamilton
Administrator:	Hedy Hamilton
Name of Facility:	Hamilton's Assisted Living Inc.
Facility Address:	3138 Curtis Drive Flint, MI 48507
Facility Telephone #:	(810) 733-7390
Application Date:	01/11/2013
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

11/13/2012	Inspection Completed-Fire Safety : A
01/11/2013	Enrollment
01/31/2013	Inspection Report Requested - Fire
01/31/2013	Inspection Report Requested - Health inv 1021163
02/06/2013	Application Incomplete Letter Sent
02/20/2013	Inspection Completed-Env. Health : A
03/08/2013	Inspection Completed On-site
03/08/2013	Inspection Completed-BCAL Full Compliance
03/08/2013	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is currently licensed as an adult foster care facility as license number AM250092019. This original study report is being completed due to Ms. Hamilton, licensee designee, applying to change the license from an individual license to a corporation license with Ms. Hamilton named as the licensee designee.

This facility is a single story ranch-style building located in the city of Flint, Michigan. The building is located within walking distance of several businesses, restaurants, and community resources. The heat producing equipment is located in a mechanical room. The mechanical room has a self-closing solid core door that is 1 3/4 inches thick. The furnace and hot water heater have recently been inspected and are in mechanically sound condition. There are fire extinguishers located on each floor of this facility, and the smoke detectors are hard wired and interconnected.

This facility is equipped for wheelchair accessibility. This facility has the following rooms;

- 1) Full Kitchen
- 2) Laundry room
- 3) Staff office
- 4) Dining room measuring 264sq. ft.
- 5) Family room measuring 391 sq. ft.

- 6) Sitting room measuring 168 sq. ft.
- 7) 12 single occupancy bedrooms measuring 210 sq. ft. each, and all bedrooms have a half-bath for resident use.
- 8) Two full bathrooms on the ground level of this facility.

B. Licensee designee and Licensee designee/ Administrator Qualifications

This facility is owned by Hedy Hamilton and has been licensed as an adult foster care facility with Ms. Hamilton as the individual licensee. This original licensing study report is being completed to issue a corporation license to Hamilton's Assisted Living Inc. with Ms. Hamilton named as the licensee designee and administrator.

A criminal history background check was completed and did not locate any criminal convictions recorded for the licensee designee. The licensee designee submitted a statement from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the licensee 24 hours a day / 7 days a week.

The licensee designee acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

The licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee designee 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 licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, the licensee designee acknowledges their responsibility to maintain a current employee record on

file in the home for the licensee designee, administrator or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The licensee designee acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The licensee designee 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 licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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.

C. Program Description

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services for male and female residents who are aged or have been diagnosed with Alzheimer's disease. This facility will admit both males and female over the age of 60 years. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others,

does not require 24 hour nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the goals identified in their person centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in workshops in the community on a daily basis if they are able to do so.

D. Rule/Statutory Violations

There are no rule violations at this time.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

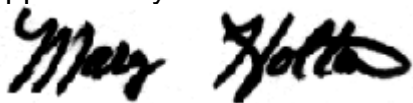


3/12/13

Kent W Gieselman
Licensing Consultant

Date

Approved By:



3/13/13

Mary E Holton
Area Manager

Date