



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

May 1, 2013

Jewel Perez  
4109 Corbin Drive  
Flint, MI 48532

RE: Application #: AF250336811  
Perez AFC Home  
4109 Corbin Drive  
Flint, MI 48532

Dear Mrs. Perez:

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 2 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,

Lisa Gundry, Licensing Consultant  
Bureau of Children and Adult Licensing  
4809 Clio Road  
Flint, MI 48504  
(810) 931-1220

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF250336811
<b>Applicant Name:</b>	Jewel Perez
<b>Applicant Address:</b>	4109 Corbin Drive Flint, MI 48532
<b>Applicant Telephone #:</b>	(810) 458-8912
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Perez AFC Home
<b>Facility Address:</b>	4109 Corbin Drive Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 458-8912
<b>Application Date:</b>	09/24/2012
<b>Capacity:</b>	2
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

09/24/2012	Enrollment
09/26/2012	Application Incomplete Letter Sent FP Jewel
10/05/2012	Application Incomplete Letter Sent GMC 45-day letter sent to the licensee, Jewel Perez
02/20/2013	Inspection Report Requested - Health inv 1021261
02/28/2013	Application Incomplete Letter Sent
03/06/2013	Inspection Completed-Env. Health : A
03/28/2013	Inspection Completed On-site
04/24/2013	Inspection Completed On-site
04/24/2013	Inspection Completed-BCAL Full Compliance
05/01/2013	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Perez AFC Home is a ranch style home located in Flint Township in a well-established neighborhood. The home has a private water system and public sewer. The Genesee County Health Department inspected and approved the water supply system on March 6, 2013.

The main floor of the home is made up of a living room, family room, kitchen, eat-in dining area, one full bathroom, and two bedrooms. An additional bedroom is used as a storage room and will be unavailable to the residents. The licensee and her husband will reside in the second bedroom. The laundry facilities are located in the basement.

The furnace and hot water heater are located in the basement. The facility is equipped with a battery operated smoke detection system and is fully operational. A fire extinguisher is located in the home.

At the time of the inspection, all the living areas of the house conformed to the requirements of rules R400.1435 and Rule400.1436 relating to interior finish. The home

has full coverage smoke protection/alarm system. The home is in compliance with rule R400.1437 regarding smoke detection equipment, rule R400.1438 regarding emergency preparedness, rule R400.1440 regarding heat producing equipment, and rule R400.1441 regarding electrical service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
BEDROOM 1	13'6 X 12'9	179	2

The home has a living room area which measures approximately 15'4 x 12'4. This provides 189 square feet of living area. The family room measures 19'10 x 15'1 and provides an additional living space of 300 square feet.

The dining room measures 8'6 x 8. This provides 69 square feet of living and dining area. This area is large enough to accommodate 2 residents.

Based on the above information, it is concluded that this facility can accommodate **two (2)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Ms. Perez indicated on her application that the home would provide services to mentally ill adults. The applicant intends to provide 24-hour supervision, protection and personal care to two (2) female ambulatory residents, whose diagnosis is mentally ill. The adults will be aged 18 to 65 years old. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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.

### **C. Rule/Statutory Violations**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. 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 demonstrated 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 savings and available cash. The applicant included a proposed budget for the facility that included projected income and expenditure amounts.

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 (2) 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Based upon discussion at the time of the onsite inspections, the applicant demonstrated their understanding of their responsibilities as well as their intention to comply with department rules.

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.

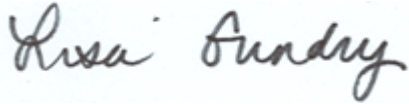
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant 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.

I have determined the applicant to be in compliance with departmental requirements. A more complete evaluation of these rules will take place at the time of the renewal inspection prior to the expiration of the temporary license. Ms. Perez also understands the technical assistance and consultation will be available throughout the term of the temporary license.

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 family home (capacity 1-2).



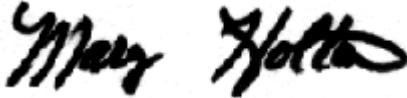
5/1/2013

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Lisa Gundry  
Licensing Consultant

Date

Approved By:



5/7/2013

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Mary E Holton  
Area Manager

Date