



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 3, 2013

Shelia Bowers
PO Box 476
Davison, MI 48423

RE: Application #: AF250338578
Magnolia House Senior Living
4134 N State Road
Davison, MI 48423

Dear Mrs. Bowers:

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 (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 #: | AF250338578 |
| Applicant Name: | Shelia Bowers |
| Applicant Address: | 4134 N State Road Davison, MI 48423 |
| Applicant Telephone #: | (810) 240-1257 |
| Name of Facility: | Magnolia House Senior Living |
| Facility Address: | 4134 N State Road Davison, MI 48423 |
| Facility Telephone #: | (810) 240-1257 |
| Application Date: | 02/08/2013 |
| Capacity: | 6 |
| Program Type: | AGED PHYSICALLY HANDICAPPED |

II. METHODOLOGY

| | |
|------------|--|
| 02/08/2013 | Enrollment |
| 02/14/2013 | Application Incomplete Letter Sent FP applicant |
| 03/08/2013 | Application Complete/On-site Needed |
| 03/20/2013 | Application Incomplete Letter Sent |
| 05/31/2013 | Inspection Completed On-site |
| 05/31/2013 | Inspection Completed-BCAL Full Compliance |
| 05/31/2013 | Exit Conference |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two story structure located in the city of Davison, Michigan. This facility is located within a short distance of several restaurants, businesses, and community resources including the Davison Senior Center. This facility is equipped with ramps for wheel chair accessibility. The second level of this facility will be used for the licensee living quarters with the residents residing on the ground level.

The ground level of this facility has the following rooms;

- Bedroom 1 measures 196 sq. ft. and will have two resident beds.
- Bedroom 2 measures 175 sq. ft. and will have two resident beds.
- Bedroom 3 measures 169 sq. ft. and will have two resident beds.
- Living room measuring 325 sq. ft.
- Sitting room measuring 290 sq. ft.
- Full kitchen
- One full bathroom and one half-bathroom.
- Dining area to accommodate six residents.
- Mechanical room containing the furnace, hot water heater and laundry facilities. This room has a solid core door with self-closing mechanism.
- Two additional bedrooms- Bedroom 4 measures 148 sq. ft. and Bedroom 5 measures 159 sq. ft. These bedrooms may be used as single resident bedrooms, but the total number of residents in this facility is limited to six (6).

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female residents, whose diagnosis is aged or physically handicapped. 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. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no criminal convictions recorded for the applicant. The applicant and responsible persons submitted a medical clearance request with statements 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 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 4 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),

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.

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 1-6).

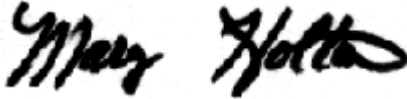


6/3/13

Kent W Gieselman
Licensing Consultant

Date

Approved By:



6/4/13

Mary E Holton
Area Manager

Date