



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 18, 2013

Margaret Jones
4760 Margaret Court
Bridgeport, MI 48722

RE: Application #: AS730313489
Heaven Angels
2303 Kansas
Saginaw, MI 48601

Dear Ms. Jones:

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, effective June 18, 2013.

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,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730313489
Applicant Name:	Margaret Jones
Applicant Address:	4760 Margaret Court Bridgeport, MI 48722
Applicant Telephone #:	(989) 714-5966
Administrator/Licensee Designee:	Margaret Jones
Name of Facility:	Heaven Angels
Facility Address:	2303 Kansas Saginaw, MI 48601
Facility Telephone #:	(989) 714-5966 04/20/2011
Application Date:	
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/20/2011	Enrollment
05/12/2011	Contact - Document Sent Rules & Act booklets
06/17/2011	Application Incomplete Letter Sent
02/14/2012	Contact - Telephone call made Scheduled onsite for 3/8/12
02/21/2012	Contact - Document Received Copy of tax notice - showing property ownership.
02/28/2012	Contact - Telephone call made Confirming scheduled onsite.
03/08/2012	Inspection Completed On-site Initial inspection; licensee TA; resident file
11/15/2012	Contact - Telephone call made Applicant reports almost finished with corrections. Will call me when completed. I urged her to move on this.
05/09/2013	Contact - Telephone call received Applicant is ready for inspection. Scheduled for 5/16/13.
05/16/2013	Inspection Completed On-site Follow-up on corrections. One more inspection necessary.
05/22/2013	Contact - Document Received Policies, 1326a.
06/13/2013	Comment Verified fingerprinting done.
06/13/2013	Contact - Telephone call made Scheduled final inspection for this date.
06/13/2013	Inspection Completed-BCAL Full Compliance Final

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Heaven Angels is a single-story home with basement and attached garage, located in a residential area of Saginaw Township off Dixie Highway. Shopping, recreational and medical services are available nearby. The home consists of three resident bedrooms, one full bathroom, kitchen, dining area, and living room. The facility is not wheelchair accessible and may not accept residents who regularly require the use of a wheelchair.

The furnace, hot water heater and laundry are located in the basement with a 20-minute rated steel fire door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 9.6'	96 sq.ft.	1
2	13' x 10'	130 sq.ft.	2
3	12' x 9.2'	110 sq.ft.	1

The living (12.2' x 16.7') and dining (8.5' x 12.6') room areas measure a total of 317 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **four (4)** male or female ambulatory adults over the age of 18 whose diagnosis is developmentally disabled or mentally impaired or who have a physical handicap, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs, if needed. Residents will be referred from Saginaw County CMHA or other agencies.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant, Margaret Jones, will be both licensee and administrator for the facility. Ms. Jones has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no lein convictions recorded for Ms. Jones, and Ms. Jones has complied with fingerprinting requirements. Ms. Jones also submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Jones provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Jones has worked in another Adult Foster Care home for more than two years, and has successfully completed the Group Home Curriculum from Saginaw County CMHA.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can

administer medication to residents. 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 each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 all of 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.

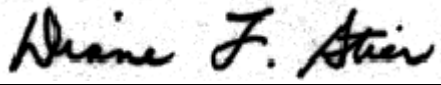
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

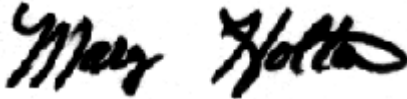
I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 4).



Diane L Stier
Licensing Consultant

June 14, 2013
Date

Approved By:



June 18, 2013

Mary E Holton
Area Manager

Date