



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 14, 2014

Tamikya Lewis
G.R.A.C.E. Family Services
1904 Miller Rd.
Flint, MI 48503

RE: Application #: AS250349772
Beautiful Blades II
210 Seventh
Flint, MI 48503

Dear Mrs. Lewis:

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 (810) 787-7031.

Sincerely,

Crecendra Brown, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-0965

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250349772
Applicant Name:	G.R.A.C.E. Family Services
Applicant Address:	1904 Miller Rd. Flint, MI 48503
Applicant Telephone #:	(810) 449-0519
Administrator/Licensee Designee:	Tamikya Lewis, Designee Tamikya Lewis, Administrator
Name of Facility:	Beautiful Blades II
Facility Address:	210 Seventh Flint, MI 48503
Facility Telephone #:	(810) 234-7404
Application Date:	10/04/2013
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/04/2013	Enrollment
10/09/2013	Application Incomplete Letter Sent 1326 Tamikya Lewis
11/05/2013	Application Complete/On-site Needed
11/15/2013	Application Incomplete Letter Sent
12/19/2013	Inspection Completed On-site
12/19/2013	Exit Conference
12/20/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beautiful Blades II is a two-story traditional style home located at 210 Seventh Street, Flint, MI. The home sits in a residential neighborhood with close access to nearby stores, hospitals and community businesses.

The first floor of the home is made up of a large living room, formal dining room, a kitchen, two double-occupancy resident bedrooms and a full bathroom. The second floor has two single-occupancy resident bedrooms, a sitting area and one full bathroom. The furnace and hot water heater are located in the basement as are the laundry facilities in a 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

The facility has public water and sewer system. The facility is also connected to the municipal water supply. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

The bedroom measurements are as follows:

BEDROOM	DIMENSIONS	Square Footage	Occupancy
1 (Bottom Front)	13'8" x 10'2"	141	2
2 (Bottom Back)	13' x 10'5"	137	2
3 (Top Right)	12'2" x 11'9"	145	1

4 (Top Left)	12'9" x 14'4"	186	1
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The home has a living room/dining areas that provides 400 square feet of living area. This amount meets the requirements of the rule. The living area is large enough to accommodate 6 residents as proposed on the application. The dining area can accommodate all the residents of the home.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.1502, R 400.14503, and R 400.14504. The home has a fully integrated hard wired smoke detection system with battery back-up.

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

This home is not wheelchair accessible.

B. Program Description

The applicant, G. R. A. C. E. Family Services, submitted a copy of the required documentation to the consultant. 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 **six** male or female ambulatory adults, 18 – 80 years old, whose diagnosis is developmentally disabled, mentally impaired, aged, and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

G. R. A. C. E. Family Services will ensure that the resident's transportation and medical needs are met. G. R. A. C. E. Family Services has transportation available for residents to access community-based resources and services. 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

On October 4, 2013, G. R. A. C. E. Family Services submitted an application to provide foster care services to six adults at 210 Seventh Street, Flint, Michigan.

The applicant, G. R. A. C. E. Family Services, which is a "Michigan Domestic Limited Liability Company", was established in Michigan, on 04/27/2012. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The applicant has a board of directors that oversee the company.

G. R. A. C. E. Family Services submitted a written statement naming Tamikya Lewis as the licensee designee and the facility administrator. Tamikya Lewis submitted a licensing record clearance request that was completed with no LEIN convictions recorded. Tamikya Lewis also submitted a medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. Mrs. Lewis has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of two staff to six 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 2 to 6 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.

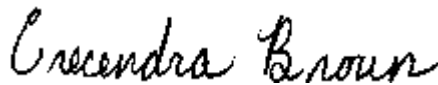
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

 January 14, 2014

Crecendra Brown
Licensing Consultant

Date

Approved By:



January 15, 2014

Mary E Holton
Area Manager

Date