



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

March 10, 2014

Veronica Grice  
1572 Ribble Street  
Saginaw, MI 48601

RE: Application #:	AF730342813 Lee Lee's AFC Home 1572 Ribble Street Saginaw, MI 48601
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Dear Ms. Grice:

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) 284-9720.

Sincerely,

Mary T. Fischer, Licensing Consultant  
Bureau of Children and Adult Licensing  
1509 Washington, Ste A  
Midland, MI 48640  
(989) 293-6338

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF730342813
<b>Applicant Name:</b>	Veronica Grice
<b>Applicant Address:</b>	1572 Ribble Street Saginaw, MI 48601
<b>Applicant Telephone #:</b>	(989) 332-3863
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Lee Lee's AFC Home
<b>Facility Address:</b>	1572 Ribble Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 332-3863
<b>Application Date:</b>	06/12/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED Mentally Ill

## II. METHODOLOGY

06/12/2013	Enrollment
06/20/2013	PSOR on Address Completed
06/20/2013	Application Incomplete Letter Sent FP&SO Sup date for Veronica,1326/Robert Grice.
06/20/2013	Contact - Document Sent : Act & Rules.
09/05/2013	Contact - Document Received 1326/Robert (to CH-LEIN check).
09/09/2013	Application Complete/On-site Needed
09/09/2013	File Transferred To Field Office Saginaw.
09/19/2013	Application Incomplete Letter Sent
02/27/2014	Inspection Completed On-site All physical plant completed and in compliance with paperwork.
03/05/2014	Contact Documents received.
03/10/2014	Contact Documents received.
03/10/2014	Recommend License issuance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

Lee Lee's AFC home is a single story ranch style home built on a slab. The home is located on the East side of the City of Saginaw. The home is a stick built home, with a sunken kitchen, living room, dining room, three bedrooms, a laundry room and a single bathroom. The home is not wheelchair accessible. The Licensee, Veronica Grice will have the bedroom off of the living room. The six residents will occupy the two bedrooms on the west end of the home off of the dining room. There is public transportation available and there are two hospitals within a few miles of the home.

The furnace and hot water heater are located on the main floor of the home, in the laundry room. There is a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered single station smoke detectors that have been installed near sleeping areas, in the living room, in the furnace room. This is a single story home with no basement. The fire extinguisher is located in the kitchen. The kitchen is equipped with a heat detector.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.3 x 15'	214 Square feet	3
2	14.3 x 14.7	210 square feet	3

The living, dining, and sitting room areas measure a total of 347 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is Developmentally Disabled, Aged, or Mentally Ill. 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. The City of Saginaw has parks, Senior Citizens Programs, the Dow Event Center, theatres, social services, and a variety of medical services. 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 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(s) have 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 ( 6 ) 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)), Morpho Trust, *Identogo*, and the related documents required to be maintained in each employee’s 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.

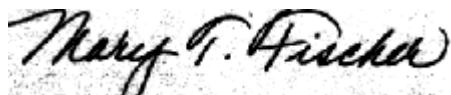
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant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

#### D. Rule/ Statutory Violations

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

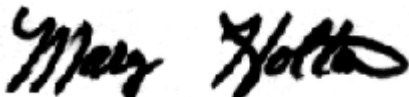
I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).
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03/10/2014

Mary T. Fischer Licensing Consultant	Date
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Approved By:



03/13/2014

Mary E Holton Area Manager	Date
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