



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

May 14, 2014

Cheryl Thomas-Hardy  
PO Box 4317  
Saginaw, MI 48606

RE: Application #: AS730354102  
Iowa's Place  
2308 Iowa  
Saginaw, MI 48601

Dear Ms. Thomas-Hardy:

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 5 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,

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**

<b>License #:</b>	AS730354102
<b>Applicant Name:</b>	Cheryl Thomas-Hardy
<b>Applicant Address:</b>	4462 E. Lakecress Drive Saginaw, MI 48603
<b>Applicant Telephone #:</b>	(989) 737-4010
<b>Administrator:</b>	Cheryl Thomas-Hardy
<b>Name of Facility:</b>	Iowa's Place
<b>Facility Address:</b>	2308 Iowa Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 737-4010
<b>Application Date:</b>	12/10/2013
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/10/2013	Enrollment
12/19/2013	Application Complete/On-site Needed
12/19/2013	Contact - Document Sent Act&Rules.
12/19/2013	File Transferred To Field Office Saginaw.
12/26/2013	Lic. Unit file referred for criminal history review CH-Yes/Cheryl.
01/30/2014	Inspection Completed On-site
03/06/2014	Inspection Completed On-site
03/06/2014	Application Incomplete Letter Sent Left with applicant at inspection.
03/13/2014	Contact - Document Received Job descriptions and other policies
03/31/2014	Contact - Document Received Medical Clearance
04/23/2014	Contact - Document Received Admission Policy and other documents
04/23/2014	Inspection Completed On-site
04/25/2014	Inspection Completed-BCAL Full Compliance
05/14/2014	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Iowa's place is a single-story home located in a residential area of Bridgeport on the south side of Saginaw, with nearby shopping areas and access to public transportation.

The forced-air natural gas furnace and electric hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating with a 20-minute rated fire door with automatic closing device. 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
SE	11.5' x 11.5'	132.25 sq.ft.	2
NE	10' x 10.67'	106.7 sq.ft.	1
NW	11.5' x 11.7'	134.5 sq.ft.	2

The living room (19.3' x 13.7') and kitchen/dining area (14' x 11.5') provide a total of 405 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 **five** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The home is not currently wheelchair-accessible, and no residents regularly requiring the use of a wheelchair may be accepted at this time.

## **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 **five** male or female ambulatory adults between the ages of 18 and 90, whose diagnosis is developmentally disabled, mentally impaired, aged, or physically handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal assessment plan will be designed and implemented for each resident's needs. Residents may be referred from local placement 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**

Applicant Cheryl Thomas-Hardy 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. The applicant also has cash in savings and income from the applicant's spouse who has outside employment. Ms. Thomas-Hardy also has another licensed adult foster care home in operation [Divine Love II - AS730343662]. Ms. Thomas-Hardy will also serve as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for Ms. Thomas-Hardy, and she has been fingerprinted as required by law. Ms. Thomas-Hardy submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Thomas-Hardy 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 five-bed facility is adequate and includes a minimum of 1 staff –to- 5 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](http://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 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 her 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 her 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 her 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 her 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 her 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 her 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 her 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.

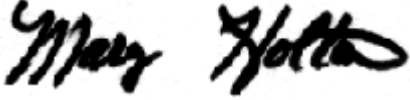
### **VI. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

  
\_\_\_\_\_  
Diane L Stier  
Licensing Consultant

May 14, 2014  
Date

Approved By:

  
\_\_\_\_\_  
Mary E Holton  
Area Manager

May 14, 2014  
Date