



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 15, 2013

Betty Holmes
Heavenly Realm Family Services
PO Box 3506
Saginaw, MI 48602

RE: Application #: AS730342200
Heavenly Realm 4
1810 N. Carolina
Saginaw, MI 48602

Dear Ms. Holmes:

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,

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 #: AS730342200

Applicant Name: Heavenly Realm Family Services

Applicant Address: 2236 Hammel Street
Saginaw, MI 48601

Applicant Telephone #: (989) 714-9046

Administrator/Licensee Designee: Betty Holmes, Designee

Name of Facility: Heavenly Realm 4

Facility Address: 1810 N. Carolina
Saginaw, MI 48602

Facility Telephone #: (989) 714-9046

Application Date: 05/31/2013

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

05/31/2013	Enrollment
06/11/2013	Application Incomplete Letter Sent
06/11/2013	Contact - Document Sent Act & Rules.
06/26/2013	Inspection Completed On-site Initial inspection as part of pre-sale.
07/16/2013	Application Incomplete Letter Sent
08/27/2013	Inspection Completed On-site
09/05/2013	Contact - Telephone call received
09/05/2013	Application Complete/On-site Needed
09/05/2013	File Transferred To Field Office Saginaw.
10/15/2013	Inspection Completed On-site Final inspection - 1st ramp in compliance; 2nd ramp not completed.
10/15/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Heavenly Realm 4 is on corner property located on the west side of the city of Saginaw. The facility was licensed as an AFC group home previously in 2010 (AS730305176), and was licensed again in 2011. The applicant, Heavenly Realm Family Services, is a domestic non-profit corporation established in 2011. The Resident Agent of the corporation, Betty Holmes, will serve as Licensee Designee. Ms. Holmes is purchasing the property from the current licensee, Lorenzo Reynolds, and is then leasing the property to Heavenly Realm Family Services. The home has city water and sewer services. There is a single ramp available at the main entrance, but a second ramped exit is not present. Therefore, this facility may not accept residents who regularly require the use of a wheelchair at this time. [The applicant has indicated the intention to install a second ramp in the near future.]

The furnace and hot water heater are located in the garage with a 1-3/4 inch solid core with positive latching hardware separating the garage from the house. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The home has five resident bedrooms, living room (14.7' x 21' = 308 sq.ft.), dining area (8.4' x 11.3' = 95 sq.ft.), kitchen, two full baths and one half bath. The half-bath will be for staff use. An upstairs loft area will not be used by residents, but complies with fire safety requirements. The living and dining room areas measure a total of 403 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.2' x 8.9'	81.9 sq.ft.	1
2	11.3' x 7.9' (minus 2'x3' closet)	83.3 sq.ft.	1
3	9.2' x 9.9'	91.1 sq.ft.	1
4	12.9' x 11'	141.9 sq.ft.	2
5	10.1 x 9.1'	91.9 sq.ft.	1

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

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 (6)** male or female ambulatory adults, 18 years of age or older, whose diagnosis is developmentally disabled, mentally impaired, aged, or memory impaired (Alzheimer's/dementia) 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. Residents may be referred from various community 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 is Heavenly Realm Family Services, which is a “Domestic Non-Profit Corporation” and which was established in Michigan, on 1/10/2011. 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 corporation is currently the licensee of two other facilities.

Betty Holmes has been appointed as the Licensee Designee and Administrator for the facility. A licensing record clearance request was completed without incident for Ms. Holmes. Ms. Holmes also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. Ms. Holmes has served as Licensee Designee and Administrator for two other facilities, and has submitted 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 1 staff –to- 6 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), 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.

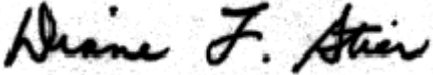
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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/large group home (capacity 1 - 6).




Diane L Stier
Licensing Consultant

October 15, 2013

Date

Approved By:



October 17, 2013

Mary E Holton
Area Manager

Date