



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 9, 2014

Patti Holland
801 W Geneva Dr.
Dewitt, MI 48820

RE: Application #: AS330341802
Lansing Adult Foster Care
3600 Simken Drive
Lansing, MI 48910

Dear Patti Holland:

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,

Andrea Green, Licensing Consultant
Bureau of Children and Adult Licensing
5303 S Cedar
PO Box 30321
Lansing, MI 48909
(517) 899-5637

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS330341802

Applicant Name: Patti Holland

Applicant Address: 801 W Geneva Dr.
Dewitt, MI 48820

Applicant Telephone #: (517) 669-8457

Administrator/Licensee Designee: Patti Holland

Name of Facility: Lansing Adult Foster Care

Facility Address: 3600 Simken Drive
Lansing, MI 48910

Facility Telephone #: (517) 669-8457

Application Date: 06/03/2013

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

06/03/2013	Enrollment
06/05/2013	Contact - Document Sent Rules & Act booklets
06/05/2013	Application Incomplete Letter Sent Rec cl & FP's for Patti
06/12/2013	Contact - Document Received Rec cl for Patti
06/13/2013	Comment FP's for Patti
06/14/2013	Application Complete/On-site Needed
07/02/2013	Application Incomplete Letter Sent
12/12/2013	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story dwelling with vinyl siding located in a residential neighborhood in the city of Lansing, in Ingham County. The facility has a long driveway and adequate parking spaces that are available for staff and visitors. The facility is wheelchair accessible with ramps at the two entrances available as means of egress. The facility has a common living area and a kitchen/dining area. There are six resident bedrooms and two full bathrooms that are also wheelchair accessible.

The furnace and water heater are located on the first floor in a utility room constructed of material which has a one hour fire resistance and fire-rated door that is equipped with automatic, self-closing and positive latching hardware.

The facility is equipped with an interconnected hard wired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in sleeping area, kitchen, and living areas. The facility is equipped with fire extinguishers which are located in the kitchen and furnace and laundry areas. The facility utilizes city water supply and sewer system.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	11'8" X 11'9"	122.87	1 Resident
Bedroom # 2	11'10" X 13'9"	145.29	1 Resident
Bedroom # 3	11'10" X 13'9"	145.29	1 Resident
Bedroom # 4	11'10" X 13'9"	145.29	1 Resident
Bedroom # 5	11'8" X 13'1"	144.15	1 Resident
Bedroom # 6	11'9" X 12'9"	134.07	1 Resident
Living Area	19'6" X 27'3"	515.19	

B. Program Description

The facility will provide 24-hour supervision, protection, and personal care for six (6) male or female residents. The facility will accept residents who are moderate to high functioning developmentally disabled adults; non-violent, non-aggressive and medically manageable mentally ill adults; aged adults who have no wandering, aggressive or combative issues. The facility will provide residents with the opportunity to participate in recreational activities such as light exercise, walks in the community, table and/card games, picnics, rides, and going out to dinner. The facility will ensure that only residents who are behaviorally stable and compatible are housed together.

C. Applicant and Administrator Qualifications

Patti Holland is the sole applicant for this small group home license. A criminal history check was completed on Ms. Holland on 06/12/2013 and no criminal convictions were found. Ms. Holland also submitted a medical clearance dated 07/24/2013 which documented that no physical and /or mental health conditions exist that limit her ability to work with or around dependent adults. A current TB test result was also obtained for Ms. Holland. Ms. Holland provided documentation that she has 14 years of experience working with developmentally disabled adults, mentally ill adults and aged adults as the licensee and administrator for two other adult foster care homes. Ms. Holland has completed training through CEI Community Mental health program. Ms. Rowan, the administrator, completed CPR and First Aid training through the American Red Cross.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their

behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal history checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medications 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant

acknowledged that a separate Resident funds Part II BCAL-2399 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged and understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home facility with a capacity of six (6) residents.



01/09/2014

Andrea Green
Licensing Consultant

Date

Approved By:



1/9/2014

Betsy Montgomery
Area Manager

Date