



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 3, 2014

Edward Powell
Amazing Grace AFC, LLC
11400 Coral Road
Coral, MI 49322

RE: Application #: AM590355381
Amazing Grace AFC
11400 Coral Road
Coral, MI 49322

Dear Mr. Powell:

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 12 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,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
5303 S Cedar
PO Box 30321
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM590355381
Applicant Name:	Amazing Grace AFC, LLC
Applicant Address:	11400 Coral Road Coral, MI 49322
Applicant Telephone #:	(231) 354-6564
Licensee Designee:	Edward Powell
Administrator:	Edward Powell
Name of Facility:	Amazing Grace AFC
Facility Address:	11400 Coral Road Coral, MI 49322
Facility Telephone #:	(231) 354-6564
Application Date:	01/03/2014
Capacity:	12
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/14/2013	Application Incomplete Letter Sent Rec cl & FP's for Edward, SOS for Edward, Linda & Nathan
01/03/2014	Enrollment
01/08/2014	Contact - Document Received Rec cl for Edward
01/09/2014	Contact - Document Sent Rules & Act booklets
01/09/2014	Application Incomplete Letter Sent Fed ID, SOS for Edward, Linda, Nathan
01/13/2014	PSOR on Address Completed
01/13/2014	Inspection Report Requested - Health Inv. #1022565
01/13/2014	Inspection Report Requested - Fire
01/13/2014	Contact - Document Sent Fire Safety String
01/13/2014	Contact - Document Received Fed ID
01/27/2014	Inspection Completed-Env. Health : A
02/12/2014	Application Incomplete Letter Sent Rec cl & FP's for Edward, SOS for Edward, Linda & Nathan
02/12/2014	Application Incomplete Letter Sent Rec cl for Edward, SOS for Linda & Nathan
02/13/2014	Comment FP's for Edward
02/13/2014	Comment FP's for Edward
02/18/2014	Comment SOS for Edward - ok
02/28/2014	Comment SOS for Edward, Linda & Nathan - ok

03/04/2014	Application Incomplete Letter Sent FP code print for Edward
03/05/2014	Contact - Document Sent FP code for Edward P
03/06/2014	Application Complete/On-site Needed
04/14/2014	Application Incomplete Letter Sent
05/07/2014	Contact- Document received- required documents received
05/09/2014	Inspection Completed On-site
05/15/2014	Contact- Documents received
05/19/2014	Contact- Telephone call made
05/20/2014	Contact- Documents received
05/27/2014	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Amazing Grace AFC is a two-story, aluminum sided facility located in rural Montcalm County in the small town of Coral, Michigan. This facility is currently licensed as a medium sized AFC group home, in which the applicant has been working since September 2014. The facility is located on 5 acres of land and includes two other outbuildings. Residents may access these outbuildings while under the supervision of staff members. Resident living areas, bedrooms, and bathrooms are located on the main floor of the facility. There are four resident bedrooms, one living/dining area, a second living/TV area, two full bathrooms, kitchen and laundry room. The second floor of the facility has three bedrooms, a staff office and a full staff bathroom. The second floor of the facility is used for live-in staff only and not for resident use. The facility also has a full basement that is used by residents for activities such as billiards or watching TV. Both means of egress from the basement lead directly to the outside.

The front entrance to the facility is located on a large wooden porch that is used by residents during nice weather. Upon entering the facility, there is a small foyer which opens up into the live-in staff dining area and living area. This area is occasionally utilized by resident, but is mainly used by live-in staff members. The second means of egress is located off of the resident living/TV area located at the north end of the facility.

This exit leads to the backyard area and other outbuildings. The facility is not wheelchair accessible and cannot provide care to any resident with mobility challenges as both the front and back entrance require that stairs are climbed in order to gain entry.

The facility utilizes private water and private sewer. The Mid-Michigan District Health Department conducted an inspection on 01/27/2014 and the facility was determined to be in substantial compliance with all applicable rules (A rating).

The facility uses two separate means for heating which include a forced air furnace located in the basement of the facility and an outside wood boiler located in the backyard of the facility. Both heating systems were inspected by a licensed professional on 05/15/2014 and both were found to be operating safely at that time. The water heater is also located in the basement and both the water heater and the furnace are separated from the remainder of the facility by a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The fire alarm system was last inspected on 09/13/2013 and was found to be in good working condition. There are fire extinguishers on each level of the facility and those were last inspected on 05/09/2014. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules and was last inspected on 10/02/2013.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
One	11'4" x 15' 4"	174 square feet	Two residents
Two	8'7" x 15'4"	132 square feet	Two residents
Three	12'7" x 26'0"	327 square feet	Four residents
Four	12'7" x 26'0"	327 square feet	Four residents
Living/dining	21'3" x 14'5"	306 square feet	
Sitting Area	8'8" x 17'9"	154 square feet	

The indoor living and dining areas measure a total of 460 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male residents who are mentally ill and developmentally disabled with minimal physical health needs. Residents must also be fully mobile. The program will include social

interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment) and transportation. The applicant intends to accept referrals from Montcalm County DHS, Montcalm County CMH or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local sporting events, shopping centers, churches, and other free and/or low cost community events and programs. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Amazing Grace, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 11/27/2013. 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 members of Amazing Grace, L.L.C. have submitted documentation appointing Edward Powell as licensee designee and administrator for this facility. Mr. Powell is currently applying to

Criminal history background checks of Edward Powell were completed on 12/29/2013 and he was determined to be of good moral character to provide licensed adult foster care. Mr. Powell also submitted a statement from a physician documenting their good health and current negative tuberculosis test result. The above required documentation was also obtained for adult household members Linda Powell and Nathanyl Powell. Both were determined to be of good moral character to live in the facility and both submitted a statement from their physician documenting their good health and current negative TB test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Powell grew up in an AFC and worked for his parents as a young adult in their family owned AFC home. Later Mr. Powell worked with chronically mentally ill and developmentally delayed and/or disabled residents for over three years in a group home setting. Since September 2014, Mr. Powell has been working as a staff member for this currently licensed AFC group facility.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of one staff for twelve residents per shift. The applicant

acknowledged that the staff to resident ratio may need to be decreased 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 not 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 acknowledge(s) the requirement for obtaining criminal record 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 designee will 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 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 acknowledge the responsibility to obtain the required 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-2319* 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 resident's 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 an 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.


The applicant acknowledged that residents with mobility impairments may not be admitted to the facility with the current design of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family group home with a capacity of 12 residents.



06/03/2014

Dawn N. Timm
Licensing Consultant

Date

Approved By:

Betsy Montgomery

6/3/14

Betsy Montgomery
Area Manager

Date