



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

June 16, 2015

Sade Staffney  
3019 Schaefer Street  
Saginaw, MI 48604

RE: Application #: AS730365893  
J & L AFC Home  
2316 Perkins Street  
Saginaw, MI 48601

Dear Ms. Staffney:

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 2 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Ronald R. Verhelle".

Ronald R. Verhelle, Licensing Consultant  
Bureau of Children and Adult Licensing  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730365893
<b>Applicant Name:</b>	Sade Staffney
<b>Applicant Address:</b>	3019 Schaefer Street Saginaw, MI 48604
<b>Applicant Telephone #:</b>	(989) 780-8739
<b>Licensee and Administrator</b>	Sade Staffney
<b>Name of Facility:</b>	J & L AFC Home
<b>Facility Address:</b>	2316 Perkins Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 501-4968
<b>Application Date:</b>	09/04/2014
<b>Capacity:</b>	2
<b>Program Type:</b>	Aged, Alzheimer's, Developmentally Disabled, Mentally Ill, and Physically Handicapped.

## II. METHODOLOGY

09/04/2014	Enrollment
02/05/2015	Inspection Completed - Onsite
02/05/2015	Inspection Completed - OCAL Substantial Compliance
06/03/2015	Inspection Completed - Onsite
06/03/2015	Inspection Completed - OCAL Substantial Compliance
06/09/2015	Inspection Completed - Onsite
06/09/2015	Inspection Completed - OCAL Substantial Compliance
06/15/2015	Inspection Completed - Onsite
06/15/2015	Inspection Completed - OCAL Full Compliance
06/15/2015	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property located at 2316 Perkins St., Saginaw, MI 48601, is owned by Sade and Journey Staffney. The facility is located in a mature subdivision near I-75 and the city of Buena Vista. J & L AFC Home is a vinyl sided two-story house with ample off street parking. The home contains a living room, kitchen, bathroom, furnace room, and two private bedrooms. The private bedrooms are located one the first floor with an office and storage rooms upstairs. The capacity of the home will enable two adult male or female residents to occupy the two private bedrooms. The facility is heated with natural gas and new vinyl replacement windows are screened to assure proper ventilation. The facility has public sewage and water systems. The facility is not barrier free and wheelchair users cannot be accepted for admission.

The furnace at the J & L AFC Home is located downstairs in a separate dry-walled room with an appropriately rated fire door and attached automatic door closer. The natural gas furnace was inspected by a licensed mechanical contractor on June 4, 2015, and again on June 11, 2015. A permanent outside vent that cannot be closed was installed on June 11, 2015, to assure adequate combustion. The natural gas hot water heater is located in the furnace room. The home is equipped with an interconnected hard-wired smoke detection system with battery-back up that was inspected by a licensed electrician, on June 11, 2015, and determined safe and operable. The Armstrong World Industries textured ceiling panels are rated class A.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 8" x 10' 6"	123.37	1
2	9' 9' x 10' 8"	103.93	1

The living, dining, and sitting room areas measure a total of 302.56 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 two (2) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home cannot accommodate residents who regularly require the use of a wheelchair.

I determined J & L AFC Home to be in full compliance with the Environmental Health Rules, Fire Safety Rules, and Maintenance of Premises Rules for Adult Foster Care Small Group Homes on June 15, 2015.

Emergency medical, social, educational, and recreational services are abundantly available within the City of Saginaw. This would include hospitals, mental health clinics, aging services, community education programs, and recreational programs.

## **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 two (2) male or female ambulatory adults whose diagnosis is aged, Alzheimer's, developmentally disabled, mentally impaired, 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 behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from hospitals and clinics, mental health agencies, Medicaid waiver programs, senior citizen centers, and by private citizens.

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 arrange or 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**

Sade Staffney 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. Ms. Staffney also has cash in savings and income from outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant, Sade Staffney. The applicant submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Sade Staffney 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 2-bed facility is adequate and includes a minimum of 1 staff to 2 residents per shift.

Sade Staffney 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.

Sade Staffney acknowledges 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 employee's record to demonstrate compliance.

Sade Staffney 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, Ms. Staffney 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.

Sade Staffney 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, Ms. Staffney 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.

Sade Staffney acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Staffney indicated that it is her intent to achieve and maintain compliance with these requirements.

Sade Staffney 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. Ms. Staffney 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.

Sade Staffney acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

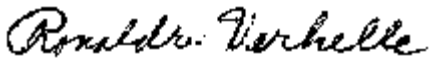
Sade Staffney acknowledges her responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Ms. Staffney 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. Sade Staffney 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 adult foster care small group home (capacity 2).

  
\_\_\_\_\_  
Ronald R. Verhelle  
Licensing Consultant

June 15, 2015  
Date

Approved By:  
  
\_\_\_\_\_  
Mary E. Holton  
Area Manager

June 16, 2015  
Date