



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

June 25, 2015

Latonia Fletcher
3209 Old Farm
Flint Twp., MI 48507

RE: Application #: AS250377442
Valley Assisted Care
3701 Worchester
Flint, MI 48503

Dear Ms. Fletcher:

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 4 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-0965

Enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---------------------------------------|
| License #: | AS250377442 |
| Applicant Name: | Latonia Fletcher |
| Applicant Address: | 3209 Old Farm Flint Twp., MI 48507 |
| Applicant Telephone #: | (810) 733-0118 |
| Administrator/Licensee Designee: | Latonia Fletcher |
| Name of Facility: | Valley Assisted Care |
| Facility Address: | 3701 Worchester Flint, MI 48503 |
| Facility Telephone #: | (810) 449-2473 |
| Application Date: | 04/27/2015 |
| Capacity: | 4 |
| Program Type: | AGED PHYSICALLY HANDICAPPED |

II. METHODOLOGY

| | |
|------------|--|
| 04/27/2015 | Enrollment |
| 04/30/2015 | Contact - Document Received 1326 for Latonia Fletcher |
| 04/30/2015 | Contact - Document Sent Rule and Act Books |
| 04/30/2015 | File Transferred To Field Office Flint |
| 05/14/2015 | Application Incomplete Letter Sent |
| 06/17/2015 | Inspection Completed On-site |
| 06/21/2015 | Application Complete/On-site Needed |
| 06/21/2015 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Valley Assisted Care is located at 3701 Worchester, Flint in Genesee County. The physical plant is a one-level vinyl and brick-sided structure with no basement. It consists of a living room, dining room, kitchen, laundry room, office, shelter room and two double-occupancy resident bedrooms. There are two separate restrooms that have a shower, sink and toilet. The driveway has adequate parking for staff and visitors. The facility is wheelchair accessible.

The furnace and hot water heater are located in a mechanical room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with smoke detection system. Single station smoke detectors have been installed near sleeping areas, in the living room. Fire extinguishers are installed on each floor of the home.

The facility has a public water and public sewer system. The facility is also connected to the municipal water supply. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

| Location | Dimensions | Square Footage | Capacity |
|-----------|------------|----------------|----------|
| Northeast | 25' x 16' | 400 sq. ft. | 2 |
| Southeast | 15' x 19' | 285 sq. ft. | 2 |

The living, dining, and sitting room areas measure a total of 500 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate **four** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Latonia Fletcher, submitted a copy of the required documentation. 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 four (4) male or female ambulatory adults, who are 50 + years old, whose diagnosis is aged and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

Latonia Fletcher will ensure that the resident's transportation and medical needs are met. Latonia Fletcher has transportation available for residents to access community-based resources and services. 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

On April 27, 2015, Latonia Fletcher submitted an application to provide foster care services to four adults at 3701 Worchester Avenue, Flint, Michigan.

The applicant, Latonia Fletcher, is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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.

Latonia Fletcher submitted a licensing record clearance request that was completed with no LEIN convictions recorded. Latonia Fletcher also submitted a medical clearance request with a statement from a physician documenting her good health and current TB-test negative results. Latonia Fletcher has 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 4-bed facility is adequate and includes a minimum of 1 staff to 4 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 1 to 4 resident ratios.

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), L-1 Identity Solutions™ (formerly Identix®), 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 and Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-4).

Crecendra Brown

June 22, 2015

Crecendra Brown
Licensing Consultant

Date

Approved By:

Mary Holton

June 25, 2015

Mary E Holton
Area Manager

Date