



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

October 28, 2015

Lisa Hanson
Aim To Please Home Care
2077 Mill Rd
Flint, MI 48507

RE: Application #: AS250376556
Mill Road Home
2077 Mill Rd
Flint, MI 48507

Dear Ms. Hanson:

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 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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS250376556
Applicant Name:	Aim To Please Home Care
Applicant Address:	2077 Mill Rd Flint, MI 48507
Applicant Telephone #:	(810) 336-7958
Licensee Designee:	Lisa Hanson
Name of Facility:	Mill Road Home
Facility Address:	2077 Mill Rd Flint, MI 48507
Facility Telephone #:	(810) 336-7958
Application Date:	04/07/2015
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/07/2015	Enrollment
04/13/2015	Contact - Document Received 1326 for Lisa Hanson
04/13/2015	Contact - Document Sent Rule and Act Books
04/13/2015	Application Incomplete Letter Sent Fingerprints
04/22/2015	Lic. Unit file referred for criminal history review 1326 for Lisa Hanson
05/05/2015	Application Incomplete Letter Sent GMC Letter sent for Lisa Hanson.
06/11/2015	File Transferred To Field Office Genesee
09/09/2015	Application Incomplete Letter Sent
10/14/2015	Application Complete/On-site Needed
10/28/2015	Inspection Completed On-site
10/28/2015	Inspection Completed-BCAL Full Compliance
10/28/2015	Exit Conference
10/28/2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two story home located in the City of Flint, Michigan. This facility is within walking distance or use of public transportation to numerous community resources and businesses. This facility contains adequate laundry facilities on the first floor of the facility and is handicap accessible.

The main level of the home consists of a living room, dining area, kitchen, small office, small medication closet, laundry room, one full bathroom and one resident bedroom. The second story of this facility contains three additional resident bed rooms and a full bathroom.

The facility has a basement that houses the boiler and hot water heater as well as storage area. Residents will not have access to the basement. The basement is separated from residents by a fully stopped, solid metal door that is equipped with an automatic self-closing device and positive-latching hardware. There is one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	255 square feet	
Dining area	240 square feet	
Bedroom #1	15'X15'= 225 square feet	Two resident beds
Bedroom #2	17'X13'= 221 square feet	One resident bed
Bedroom #3	12'X17'= 204 square feet	One resident bed
Bedroom #4	16'X16'= 256 square feet	Two resident beds

This facility is connected to public water supply and public sewage disposal.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents, age eighteen and over, with a diagnosis of mental illness, developmental disabilities, physically handicapped or aged. The program plan will define the areas of basic self-care, social education, personal adjustment, day programs, and behavior management programs that are necessary to meet the resident's immediate needs, so that they can become independent and self-sufficient as possible. The home is wheelchair accessible and alarms have been placed on all exits to alert staff members when someone exits/enters the facility.

The applicant is Aim to Please Home Care LLC, and has designated Lisa Hanson to act as the licensee designee. Ms. Hanson has 18 years of experience working in adult foster care facilities and possesses all of the qualifications necessary to act as the licensee designee.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 2-3 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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 employee's 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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, the required forms and signatures to be completed for each resident on an annual basis.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving 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 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.

C. Rule/Statutory Violations

The applicant is in compliance with all Rule/Statutory requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



10/28/15

Kent W Gieselman
Licensing Consultant

Date

Approved By:



10/28/15

Mary E Holton
Area Manager

Date