



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

May 7, 2015

Shondral Jackson
Daniel's Den Ministries
2716 Wadsworth
Saginaw, MI 48601

RE: Application #: AS730371922
Daniel's Den AFC & Services
440 South 17th
Saginaw, MI 48601

Dear Ms. Jackson:

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 cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS730371922

Applicant Name: Daniel's Den Ministries

Applicant Address: 2716 Wadsworth
Saginaw, MI 48601

Applicant Telephone #: (313) 598-0976

Administrator/Licensee Designee: Shondral Jackson

Name of Facility: Daniel's Den AFC & Services

Facility Address: 440 South 17th
Saginaw, MI 48601

Facility Telephone #: (313) 598-0976

Application Date: 01/20/2015

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/20/2015	Enrollment
01/28/2015	Lic. Unit file referred for review.
01/28/2015	Application Incomplete Letter Sent FEIN.
01/28/2015	Contact - Document Sent Act&Rules.
01/29/2015	Contact - Telephone call made Regarding requirements for licensee designee.
02/09/2015	Application Incomplete Letter Sent Letter sent.
02/23/2015	Contact - Telephone call received Follow up regarding application.
02/24/2015	Contact - Telephone call made Shondral-VM,info mailed to Licensee address confirmed in conversation last week.
03/16/2015	Application Complete/On-site Needed
03/16/2015	File Transferred To Field Office Saginaw.
03/26/2015	Application Incomplete Letter Sent
04/22/2015	Inspection Completed On-site
05/07/2015	Inspection Completed/ BCAL Full Compliance
05/07/2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Shondral Jackson is the owner of the home at 440 S. 17th, Saginaw, Michigan. The home is a two-story house that was built on a basement. The home is in good repair. The capacity of the home will enable five residents to utilize one private room and two semi-private rooms. There is ample space in the home for five residents.

The home is situated on a city lot within the City of Saginaw on the east side. The home has a public water and sewer system.

The home is not barrier free and wheelchair users may not be accepted for admission. Handrails have been installed on all above grade landings and stairways. The home has one private and two semi-private bedrooms for residents, full bathrooms downstairs and upstairs, living room, dining room and kitchen.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected on 04/22/15 and was determined to be in good working order. The facility is equipped with interconnected, hardwire smoke detection system with battery backup which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Downstairs #1	10'8" X 9'6"	101.33	1
Upstairs #2	10'8" X 12'	130.9	2
Upstairs #3	11'6" X 11'4"	130.3	2

The living and dining room areas measure a total of 470 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 **five** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 **five** male or female ambulatory adults, who are ages 18 & up whose diagnosis is aged,

Alzheimer's, developmentally disabled, mentally impaired, in the least restrictive environment possible. Wheelchair users will not be admitted. 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: Community Mental Health Authority, Hospitals and nursing homes.

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 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

The applicant is Daniels Den Ministries, Inc., which is a "Non Profit Corporation" was established in Michigan, on 04/16/2012. 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 Board of Directors of Daniels Den Ministries, Inc. has submitted documentation appointing Shondral Jackson as Licensee Designee/Administrator for this facility.

A licensing record clearance request was completed and was found to be in compliance with the Licensing Act and rules. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator 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 5 bed facility is adequate and includes a minimum of 1 staff –to- 5 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 –to- resident ratio.

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.

