



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

January 26, 2016

Theresa McCall
1507 Grout
Saginaw, MI 48602

RE: Application #: AF730379053
Love Sharing & Caring II
1709 Benjamin
Saginaw, MI 48602

Dear Ms. McCall:

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 3 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 Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF730379053

Applicant Name: Theresa McCall

Applicant Address: 1507 Grout
Saginaw, MI 48602

Applicant Telephone #: (989) 992-8317

Administrator/Licensee Designee: N/A

Name of Facility: Love Sharing & Caring II

Facility Address: 1709 Benjamin
Saginaw, MI 48602

Facility Telephone #: (989) 992-8317

Application Date: 07/31/2015

Capacity: 3

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/31/2015	Enrollment
08/14/2015	PSOR on Address Completed
08/14/2015	Comment SOS updates needed/Theresa & Ian (moving from AF730307360).
08/14/2015	Application Complete/On-site Needed
08/14/2015	File Transferred To Field Office Saginaw.
10/26/2015	Inspection Report Requested - Health
11/17/2015	Inspection Completed On-site
11/17/2015	Application Incomplete Letter Sent
11/17/2015	Inspection Completed-BCAL Sub. Compliance
01/06/2016	Inspection Completed-BCAL Full Compliance
01/26/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 1709 Benjamin Street, Saginaw, Michigan, 48602 is located in the City of Saginaw. The home is a two-story brick house and is owned by Theresa McCall. The home was built on a basement, and has a first and second level. The first level of the home consists of a living room, bedroom, dining room, full bathroom and a bedroom for the owners. The second level consists of two bedrooms, one private and one semi-private room for the residents. All members of the household will utilize the first level bathroom for washing and toileting.

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 07/17/2015 and was determined to be fully operational. Battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the basement near the furnace. Fire extinguishers are installed on each floor of the home.

Resident bedrooms are located on the second level of the home and were measured during the on-site inspection with the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NE #1	12'9" x 11'1"	143.19 sq. ft.	2
SE #2	11'8 x 9'5"	112.1 sq. ft.	1

The living and dining room areas measure a total of 330 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 three (3) 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 three (3) ambulatory males ages 21-70, whose diagnosis is aged, developmentally disabled, mentally ill and/or physically handicapped. Wheelchair users will not be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed and the applicant was determined to be in compliance with Public Act 218 and the licensing rules. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

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

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

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

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.identogo.com), (formerly L-1 Enrollment, by Morpho Trust) 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. 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 the responsible person and volunteers or staff 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, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

D. Rule/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 family home (capacity 1-3).

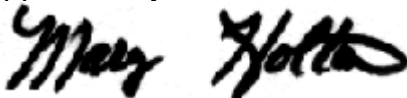


01/26/2016

Anthony Humphrey
Licensing Consultant

Date

Approved By:



01/26/2016

Mary E Holton
Area Manager

Date