



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

April 29, 2016

Alberta Washington  
3590 Sorority Lane  
Holt, MI 48842

RE: Application #: AF330379417  
Washington AFC  
3590 Sorority Lane  
Holt, MI 48842

Dear Alberta Washington:

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 two 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 "Dawn Timm".

Dawn N. Timm, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5675

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF330379417
<b>Applicant Name:</b>	Alberta Washington
<b>Applicant Address:</b>	3590 Sorority Lane Holt, MI 48842
<b>Applicant Telephone #:</b>	(517) 694-6330
<b>Licensee:</b>	Alberta Washington
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Washington AFC
<b>Facility Address:</b>	3590 Sorority Lane Holt, MI 48842
<b>Facility Telephone #:</b>	(517) 694-6330
<b>Application Date:</b>	07/29/2015
<b>Capacity:</b>	2
<b>Program Type:</b>	AGED

## **II. METHODOLOGY**

07/29/2015	Enrollment Online enrollment
08/21/2015	Comment FP's for Alberta
09/08/2015	PSOR on Address Completed
09/08/2015	Contact - Document Sent Rules & Act booklets
09/08/2015	Application Incomplete Letter Sent Rec cl for Alberta; ltr to close small group
09/14/2015	Contact - Document Received Rec cl for Alberta & ltr to close small group app
10/02/2015	Application Incomplete Letter Sent
11/12/2015	Application Complete/On-site Needed
11/12/2015	Inspection Completed On-site
11/12/2015	Inspection Completed-BCAL Sub. Compliance
03/24/2016	Inspection Completed On-site re-inspection of original
04/20/2016	Contact - Document Received responsible person paperwork received.
04/20/2016	Inspection Completed-BCAL Full Compliance all required documents received.

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This family home is located in a small neighborhood, subdivision in Holt, Michigan. The home is a two-story colonial style home with a completely finished basement. The main floor of the home has a great room, kitchen, breakfast nook, dining room, family; room, music room, master bedroom, one full bathroom, one half bathroom, laundry room, and three exits to the front, back and garage areas of the home. The second story of the home has two bedrooms (one of which is the resident bedroom) and a full bathroom. It is necessary to take a full flight of stairs to reach the upstairs resident bedroom, so residents must be able to maneuver the stairs safely. The basement of the facility will

be accessible to residents and has a small living area, full bathroom, and storage areas. The home is not wheelchair accessible. The home utilizes public water supply and the public sewage disposal system.

The gas furnace and water heater are located in the basement of the home and is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are installed near sleeping areas, on each occupied floor of the home, in the basement, and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	12'2" x 22'5"	272.85 square feet	Two residents
Family Room	13'10" x 15'0"	207.45 square feet	
Great Room	12'8" x 15'9"	200 square feet	
Dining Room	10'0" x 12'0"	120 square feet	

The indoor living and dining areas measure a total of 527.45 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate two residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Alberta Washington intends to provide 24-hour supervision, protection and personal care to two female residents or to a married couple who are aged. Due to the layout of the home, any resident living in this facility must be able to physically maneuver stairs with minimal assistance. The program will include social interaction such as listening to music together, watching TV, reading aloud or talking with one another, minimal assistance with personal hygiene, personal adjustment to the new living arrangement, and transportation. The applicant intends to accept residents with private sources for payment and plans to forge a relationship with the local Office on Aging.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, musical concerts, and any other personal interests expressed by residents and available within the local community. These resources provide an environment to enhance the quality of life of residents.

### **C. Applicant and Responsible Person Qualifications**

The applicant is Alberta Washington. Mrs. Washington has named Mary Saunders as a responsible adult who can provide up to 72 hours of emergency coverage for the applicant. Criminal history background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible persons submitted statements from a physician documenting their good health and current negative tuberculosis test 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 as well as her spouse's income and savings.

Mrs. Washington acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for two residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours. The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 acknowledged the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rules or Statutory Violations:**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of two residents.



04/27/2016

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Dawn N. Timm  
Licensing Consultant

Date

Approved By:



04/29/2016

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Betsy Montgomery  
Area Manager

Date