



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 9, 2016

Karen Britton  
11274 Hill Road  
Goodrich, MI 48438

RE: Application #: AF250381924  
A Place Like Home  
11274 Hill Road  
Goodrich, MI 48438

Dear Ms. Britton:

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 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**

<b>License #:</b>	AF250381924
<b>Applicant Name:</b>	Karen Britton
<b>Applicant Address:</b>	11274 Hill Road Goodrich, MI 48438
<b>Applicant Telephone #:</b>	(810) 444-2716
<b>Name of Facility:</b>	A Place Like Home
<b>Facility Address:</b>	11274 Hill Road Goodrich, MI 48438
<b>Facility Telephone #:</b>	(810) 444-2716
<b>Application Date:</b>	03/14/2016
<b>Capacity:</b>	3
<b>Program Type:</b>	AGED

## II. METHODOLOGY

03/14/2016	Enrollment
03/17/2016	Contact - Document Sent rules and act sent
03/17/2016	Application Incomplete Letter Sent need MSP form for both K.Britton and B.Britton as they both got livescan fingerprints.
03/17/2016	PSOR on Address Completed no hit
03/29/2016	Contact - Document Received Livescan requests for Karen & Brian
04/20/2016	Application Incomplete Letter Sent
05/01/2016	Application Complete/On-site Needed
05/11/2016	Inspection Completed-Env. Health : A
05/25/2016	Inspection Completed On-site
05/25/2016	Inspection Completed-BCAL Full Compliance
05/25/2016	Exit Conference

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a two-story home located in the City of Goodrich, Michigan. This facility is within a short driving distance to numerous community resources and businesses. This facility contains adequate laundry facilities on the first floor of the facility. This facility is not 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 three resident bedrooms. The second story of this facility contains the private living quarters for the applicant.

The facility has a basement that houses the furnace 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	520 square feet	
Dining area	240 square feet	
Bedroom #1	13'X16' = 208 square feet	one resident bed
Bedroom #2	14'X13' = 182 square feet	one resident bed
Bedroom #3	13'X17' = 221 square feet	one resident bed

This facility is connected to private well water supply and septic system.

## **B. Program Description**

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to three male and/or female residents who are 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 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.

## **C. Applicant and Administrator Qualifications**

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](http://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 residents' personal money transactions that have been agreed to be managed by the applicant.

#### **D. Rule/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 temporary license to this AFC adult family home (capacity 1-6).



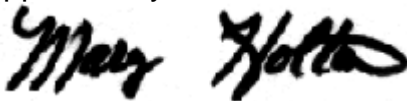
6/9/16

---

Kent W Gieselman  
Licensing Consultant

Date

Approved By:



6/10/16

---

Mary E Holton  
Area Manager

Date