



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 3, 2016

Lisa Yenglin
3252 Field Road
CLIO, MI 48420

RE: Application #: AF250382605
Yenglin Home
3252 Field Road
Clio, MI 48420

Dear Mrs. Yenglin:

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250382605
Licensee Name:	Lisa Yenglin
Licensee Address:	3252 Field Road CLIO, MI 48420
Licensee Telephone #:	(810) 564-3460
Administrator/Licensee Designee:	N/A
Name of Facility:	Yenglin Home
Facility Address:	3252 Field Road Clio, MI 48420
Facility Telephone #:	(810) 564-3460 05/04/2016
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/04/2016	On-Line Enrollment
05/06/2016	Contact - Document Sent rules and act sent
05/06/2016	Application Incomplete Letter Sent Need: 1326 for L. Yenglin and C. Matthew. Fingerprints and RI-030 fingerprint request form for L. Yenglin.
05/25/2016	Contact - Document Received RI-030 livescan fingerprint bk.ck. request and BCAL 1326A for L. Yenglin. BCAL-1326A for M. Centilli.
05/27/2016	PSOR on Address Completed no hit
05/27/2016	File Transferred To Field Office Flint/Genesee
06/13/2016	Contact - Document Received Letter notifying licensee of application sent to field office returned by USPS.
06/13/2016	Contact - Document Sent Letter notifying licensee of application sent to field office mailed to licensee at correct address of 3252 Field Rd, Clio, MI 48420
06/24/2016	Application Incomplete Letter Sent
07/21/2016	Contact - Document Received Received required paperwork from applicant.
07/21/2016	Application Complete/On-site Needed
08/03/2016	Inspection Completed On-site
08/03/2016	Inspection Completed-BCAL Full Compliance
08/03/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Yenglin Home is located in a semi-rural area of Clio, MI. It is a two-story home that sits on five acres of land. The home has an attached two car garage a large shed/barn

located just behind the home. There is a long asphalt driveway and ample parking space for visitors. The home has a small wooden deck at the front entrance and a larger wooden deck attached to the back of the home, with direct access from the sliding glass door in the dining room. Both decks are equipped with wheelchair ramps.

The first story of the home consists of a living room, dining area, kitchen, laundry room, small foray, two resident bedrooms, and one resident full bathroom. The first floor also has an additional two bedrooms and one bath, which is the private residence of the licensee, that residents will not have access too.

The second story of the home consists of two resident bedrooms and one full bathroom.

The home's furnace and hot water tank are located in the basement and are separated from residents by a fully stopped, metal core door that is equipped with an automatic self-closing device and positive-latching hardware. The fire door to the basement is located in the attached garage. The smoke detectors are hard wired and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas provide ample space for up to six residents and measured as follows:

Please indicate which bedrooms are on the second floor.

Living Room	205 square feet	
Dining area	169 square feet	
Bedroom #1 - first floor	12' 3" x 9' 5" = 115 square feet	1 resident
Bedroom #2 - first floor	11' x 13' = 143 square feet	2 residents
Bedroom #3 - second floor	12' 4" x 8' 8" = 107 square feet	1 resident
Bedroom #4 - second floor	20' x 12' = 240 square feet	2 residents

The facility has both a public water supply and public sewage disposal system.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six male and/or female residents who are 39-100 years of age, aged, developmentally disabled and/or mentally ill. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living.

Lisa Yenglin is the applicant/licensee of the home. A criminal history background check was completed for the applicant and their responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted statements from a physician documenting their good health and current TB-tine negative results.

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 applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) resident 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 has indicated that for the original license of this 6-bed family home, there is adequate supervision with 1 responsible person on-site for six (6) residents. The applicant acknowledges that the number of responsible persons 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](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 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 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.

Lisa Yenglin has ten years' of experience as a direct care worker at an AFC home where residents were developmentally disabled, mentally ill and aged. Ms. Yenglin reports that all resident files will be kept on the facility grounds.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

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

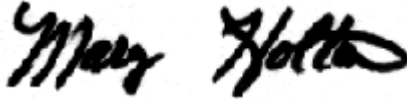


8/3/16

Christopher Holvey
Licensing Consultant

Date

Approved By:



8/8/16

Mary E Holton
Area Manager

Date