



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 26, 2016

Devica Thompson  
Leighs Adult Foster Care Inc.  
2003 Arthur  
Saginaw, MI 48602

RE: Application #: AS730384315  
Leigh's Adult Foster Care  
2004 Arthur  
Saginaw, MI 48602

Dear Ms. Thompson:

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 "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 #:** AS730384315

**Licensee Name:** Leighs Adult Foster Care Inc.

**Licensee Address:** 2003 ARTHUR  
Saginaw, MI 48602

**Licensee Telephone #:** (989) 372-0691

**Administrator/Licensee Designee:** Devica Thompson

**Name of Facility:** Leigh's Adult Foster Care

**Facility Address:** 2004 Arthur  
SAGINAW, MI 48602

**Facility Telephone #:** (989) 372-0691

**Application Date:** 08/15/2016

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODOLOGY

08/15/2016	On-Line Enrollment
08/17/2016	File Transferred To Field Office Flint/Saginaw.
08/17/2016	Contact - Document Sent Act&Rules.
08/31/2016	Application Incomplete Letter Sent
09/29/2016	PSOR on Address Completed no hits
10/18/2016	Application Complete/OFS Needed
10/25/2016	Inspection Completed On-site
10/25/2016	Inspection Completed-BCAL Full Compliance
10/26/2016	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property at 2004 Arthur, Saginaw, Michigan, 48602 is located in Saginaw County. The home is a one-story, ranch-style house. The property is owned by the licensee, Devica Thompson. The home was built on a basement, and has a main level. The main level of the home consists of a living room, dining room, kitchen, a bathroom and three bedrooms. There is a wheelchair ramp in the front and back entrance of the home.

The boiler system is located in the basement of the home. Entrance to the basement is through the exit of the kitchen. The Basement entrance has a 1-3/4 inch 90-minute, steel fire door, equipped with an automatic self-closing device and positive latching hardware. The boiler system was inspected on 10/18/2016 and was determined to be fully operational. The hot water heater is located in the basement of the home. The home has battery powered, single station smoke detectors which has been installed near the kitchen and living room areas of the home. It also has a hard-wired smoke detector between the sleeping areas and one in the basement of the home, which alerts the fire department in the event of a fire. Fire extinguishers are installed on the main floor and basement of the home. The home consists of public water and sewer system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
SW #1	11" x 11'10"	130.00 sq. ft.	2

NE #2	10'11" x 13'5"	145.56 sq. ft.	2
NW #3	11' x 12'	132.00 sq. ft.	2

The living room and dining room areas measure a total of 575 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 six (6) 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 up to six male and female ambulatory and/or non-ambulatory adults ages 18 and over. The populations that will be serviced in this facility will be, Developmentally Disabled, Physically Handicapped, Mentally Ill, Aged, Traumatic Brain Injury and Alzheimer. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The home will be licensed as a unisex facility.

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 Administrator Qualifications**

Devica Thompson has sufficient financial resources to provide for the adequate care of the residents as evident by a review of the applicant's budget statement submitted to operate the adult foster care facility. Ms. Thompson also has cash in savings and income from outside employment.

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 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 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 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](http://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.

**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 small group home (capacity 1-6).



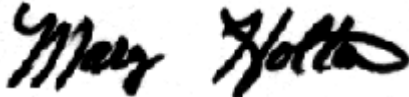
10/26/2016

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



10/26/2016

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Mary E Holton  
Area Manager

Date