



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 14, 2017

Renae Beeman  
532 Kinney Blvd  
Saginaw, MI 48601

RE: Application #: AS730381284  
Janai's Home  
3226 Lapeer Street  
Saginaw, MI 48601

Dear Ms. Beeman:

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 (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>	AS730381284
<b>Applicant Name:</b>	Renae Beeman
<b>Applicant Address:</b>	532 Kinney Blvd Saginaw, MI 48601
<b>Applicant Telephone #:</b>	(989) 992-6734
<b>Administrator:</b>	Renae Beeman
<b>Name of Facility:</b>	Janai's Home
<b>Facility Address:</b>	3226 Lapeer Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 992-6734
<b>Application Date:</b>	01/22/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

01/22/2016	Enrollment
01/29/2016	Application Complete/On-site Needed
01/29/2016	File Transferred To Field Office Saginaw.
01/29/2016	Contact - Document Sent Act & Rules.
02/18/2016	Application Incomplete Letter Sent
02/14/2017	Inspection Completed On-site
02/14/2017	Inspection Completed-BCAL Full Compliance
02/14/2017	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a one-story home located in the city of Saginaw, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is not wheel chair accessible.

The hot water heater and furnace are located in a mechanical room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The applicant submitted documentation that the furnace was inspected and approved on 10/27/16. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	13'X11'	143 sq. ft.	1
Bedroom #2	14'X13'	182 sq. ft.	2
Bedroom #3	13'X12'	156 sq. ft.	1
Bedroom #4	14'X13'	182 sq. ft.	2
Total Capacity = 6 residents			

The living, dining, and sitting room areas measure a total of 670 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This facility has two full bathrooms and a half bathroom.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female ambulatory adults age 25 to 50 whose diagnosis is developmentally disabled, and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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, and the responsible agency.

The applicant will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

Renae Beeman is the applicant and administrator. The applicant submitted a financial statement including a credit report and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no criminal convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 applicant, 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 applicant, 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**

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

### **VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home with a capacity of 6 residents.



2/14/17

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



2/14/17

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Mary E Holton  
Area Manager

Date