



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 10, 2017

April Germani
1446 Mabel Ave
Flint, MI 48506

RE: Application #: AS250383869
Sincere AFC Home
1446 Mabel Ave
Flint, MI 48506

Dear April Germani:

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 "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250383869
Applicant Name:	April Germani
Applicant Address:	1446 Mabel Ave Flint, MI 48506
Applicant Telephone #:	(810) 620-6154
Administrator:	April Germani
Name of Facility:	Sincere AFC Home
Facility Address:	1446 Mabel Ave Flint, MI 48506
Facility Telephone #:	(810) 620-6154
Application Date:	07/15/2016
Capacity:	6
Program Type:	Mentally Ill Developmentally Disabled

II. METHODOLOGY

07/15/2016	Enrollment
07/15/2016	Contact - Document Received for A.Germani Workforce bk check and BCAL3704-afc medical clearance with negative TB test.
07/21/2016	Contact - Document Sent rules and act sent
07/21/2016	Application Incomplete Letter Sent need sole prop.fed tax ID letter, live scan fingerprints with BCAL-1326 and RI-030 for A. Germani.
07/27/2016	Contact - Document Received bcal 1326 and ri-030 for A.Germani recvd.
07/29/2016	Lic. Unit file referred for background check review
07/29/2016	Contact - Telephone call received talked with A Germani to say her paperwork is here.
08/16/2016	Application Incomplete Letter Sent GMC Letter sent for April Germani.
09/08/2016	File Transferred To Field Office Flint/Genesee
09/20/2016	Application Incomplete Letter Sent
12/20/2016	Inspection Completed On-site
02/02/2017	Application Complete/On-site Needed
02/02/2017	Inspection Completed-BCAL Full Compliance
02/02/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sincere AFC Home is a two-story facility with a full basement and a detached garage. It consists of a living room, dining room, four resident bedrooms, one staff bedroom, second floor bathroom and a bathroom on the main floor. The facility is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The laundry room is located in the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility has public water and sewer system. The facility is also connected to the municipal water supply.

There are four resident bedrooms, one on the first floor in the southwest corner of the home. The remaining three bedrooms are located on the second floor of the home with one in the southeast corner, one in the southwest corner, and one on the northeast corner of the home. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	15'9" x 14'4"	229 sq. ft.	3
Bedroom 2	10'9" x 7'8"	85 sq. ft.	1
Bedroom 3	11'8" x 10'9"	129 sq. ft.	1
Bedroom 4	11'5" x 9'5"	109 sq. ft.	1

The living, dining, and sitting room areas measure a total of 434 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

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

B. Program Description

The applicant and administrator, April Germani, submitted a copy of the required documentation. 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 male ambulatory adults age 60 and over whose diagnosis is mentally ill and developmentally disabled in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment 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 by a qualified person 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.

April Germani will ensure that the resident's transportation and medical needs are met. April Germani has transportation available for residents to access community-based resources and services. 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

On 07/15/2016, April Germani submitted an application to provide foster care services to six adults at 1446 Mabel Avenue, Flint, Michigan.

The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The applicant provided a credit report which was reviewed.

April Germani submitted a licensing record clearance request that was completed and approved. She also submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. April Germani 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 1 to 6 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), 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 and Statutory Violations

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. 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).

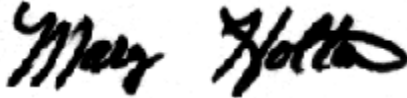


03/10/2017

Christina Garza
Licensing Consultant

Date

Approved By:



03/10/2017

Mary E Holton
Area Manager

Date