



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 14, 2017

Barbara Mitchell  
4021 Brian Paul Place  
Bridgeport, MI 48722

RE: Application #: AS730382916  
Golden Hearts Adult Foster Care  
1619 Janes Street  
Saginaw, MI 48601

Dear Ms. Mitchell:

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**

<b>License #:</b>	AS730382916
<b>Applicant Name:</b>	Barbara Mitchell
<b>Applicant Address:</b>	4021 Brian Paul Place Bridgeport, MI 48722
<b>Applicant Telephone #:</b>	(989) 482-8511
<b>Licensee Designee:</b>	Barbara Mitchell
<b>Administrator:</b>	Barbara Mitchell
<b>Name of Facility:</b>	Golden Hearts Adult Foster Care
<b>Facility Address:</b>	1619 Janes Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 482-8511
<b>Application Date:</b>	05/16/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	Mentally Ill Developmentally Disabled Aged

## II. METHODOLOGY

05/16/2016	Enrollment
05/25/2016	Lic. Unit file referred for background check review SC,FP,CH-Yes/Barbara.
05/25/2016	Application Incomplete Letter Sent RI-030,RegisterCorp,AppP1/Water&Sewer.
05/25/2016	Contact - Document Sent Act&Rules.
06/07/2016	Application Incomplete Letter Sent GMC Letter sent for Barbara Mitchell.
06/17/2016	Contact - Document Received RI-030,IndividualApp.
09/07/2016	Application Incomplete Letter Sent Spoke with Licensee on phone and provided her with additional information needed before on-site will be scheduled.
01/23/2017	Inspection Completed On-site
03/14/2017	Application Complete/On-site Needed
03/14/2017	Inspection Completed-BCAL Full Compliance
03/14/2017	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Golden Hearts Adult Foster Care Home is a two-story facility without a basement but has a crawl space under the residence. It consists of a living room, sitting room, dining room, three resident bedrooms, second floor bathroom, a bathroom on the main floor, and a half bath in one resident bedroom. The facility is not wheelchair accessible.

The furnace and hot water heater are located on the main floor of the home in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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 three resident bedrooms, one on the first floor in the northwest corner of the home. The remaining two bedrooms are located on the second floor of the home with one in the northwest corner and one in the southwest 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	17'9" x 17'	301 sq. ft.	2
Bedroom 2	10'1" x 11'7"	110 sq. ft.	2
Bedroom 3	10'5" x 13'3"	138 sq. ft.	2

The living, dining, and sitting room areas measure a total of 623 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 final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has two 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 with 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 (licensee), Barbara Mitchell, submitted 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 or female ambulatory adults whose diagnosis is developmentally disabled, aged or mentally impaired, 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 licensee 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 Qualifications**

On 05/24/2016, Barbara Mitchell submitted an application to provide foster care services to six adults at 1619 Janes Street, Saginaw, Michigan. Barbara Mitchell will serve as the Administrator of the facility.

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.

Barbara Mitchell 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. Barbara Mitchell 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](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 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).



March 14, 2017

---

Christina Garza  
Licensing Consultant

Date

Approved By:



March 17, 2017

---

Mary E Holton  
Area Manager

Date