



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 11, 2017

Judith Lorentz
1811 Bentley Rd
BENTLEY, MI 48613

RE: Application #:	AF090380738 Aunt Judy's 1811 Bentley Rd Bentley, MI 48613
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Dear Mrs. Lorentz:

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 1 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,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF090380738
Licensee Name:	Judith Lorentz
Licensee Address:	1811 Bentley Rd BENTLEY, MI 48613
Licensee Telephone #:	(989) 326-0665
Administrator/Licensee Designee:	N/A
Name of Facility:	Aunt Judy's
Facility Address:	1811 Bentley Rd Bentley, MI 48613
Facility Telephone #:	(989) 326-0665
Application Date:	12/17/2015
Capacity:	1
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

12/17/2015	On-Line Enrollment
12/28/2015	PSOR on Address Completed
12/28/2015	Inspection Report Requested - Health 1025171.
12/28/2015	Application Incomplete Letter Sent FP&1326/Judith, 1326s/Kevin & Irene.
12/28/2015	Contact - Document Sent Act & Rules.
02/03/2016	Application Complete/On-site Needed
02/03/2016	File Transferred To Field Office Saginaw.
02/09/2016	Application Incomplete Letter Sent
06/15/2016	Contact - Document Received
07/13/2016	Contact - Telephone call made To applicant Judith Lorentz.
07/19/2016	Inspection Completed On-site Physical Plant inspection, paperwork reviewed.
09/06/2016	Contact - Telephone call made Left message.
09/30/2016	Contact - Telephone call made Spoke with Judy Lorentz. She will come to my office on 10/10/16 to complete the paperwork for her Family Home Application.
01/03/2017	Contact - Document Sent An inactive/withdrawn application letter was sent to licensee due to inactivity.
01/09/2017	Contact - Telephone call received

	A call was received from Judy stating that she is still interested in pursuing license.
02/02/2017	Inspection Completed On-site
02/27/2017	Inspection Completed-Env. Health : A
04/24/2017	Inspection Completed On-site
05/02/2017	Contact- Document Received A copy of the furnace inspection was received.
05/02/2017	Inspection Completed-BCAL Full Compliance
05/11/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Aunt Judy's is a single family home located at 1811 Bentley Rd. Bentley, MI 48613. The home is located in the township of Gibson, in Bay County. The home is a tri-level. The property is owned by Judith and Kevin Lorentz. The home is built on a crawl space.

The main level of the home consists of a foyer, kitchen, dining room, living room, laundry room and partial bathroom. The lower level consists of a living area and bedroom. The upper area of the home consists of two bedrooms, and a full bathroom.

The furnace and hot water heater is located through a crawl space door, which is accessible through the owner's bedroom in the lower level. The furnace was inspected on 04/28/2017 and was determined to be fully operational. 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. Fire extinguishers are installed on each floor of the home.

Resident bedroom(s) were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
South East #1	13x10	130	1

The living and dining room areas measure a total of 400 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 one (1) resident. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home is not wheelchair accessible.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to one (1) ambulatory male or female adult resident aged 18 or older, whose diagnosis is aged, physically handicapped, developmentally disabled and/or mentally ill. Wheelchair users will not be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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 the resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted medical clearance requests with a statement from a physician documenting her good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the resident as evidenced by the projected income from caring for an AFC resident along with additional outside income.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of a resident in this family home licensed for (1) resident will be the responsibility of the family home applicant 24 hours a day / 7 days a week with a responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 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 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 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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

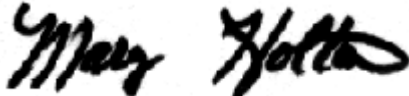


05/11/2017

Shamidah Wyden
Licensing Consultant

Date

Approved By:



05/11/2017

Mary E Holton
Area Manager

Date