



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 13, 2017

Debra Field
Field LLC
1504 McCormick St.
Bay City, MI 48708

RE: Application #:	AS090388270 FIELD HOME II 1415 E. SMITH ST. BAY CITY, MI 48706
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Dear Ms. Field:

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,

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 #:	AS090388270
Licensee Name:	Field LLC
Licensee Address:	1504 McCormick St. Bay City, MI 48708
Licensee Telephone #:	(989) 892-6714
Administrator/Licensee Designee:	Debra Field
Name of Facility:	FIELD HOME II
Facility Address:	1415 E. SMITH ST. BAY CITY, MI 48706
Facility Telephone #:	(989) 892-6714
Application Date:	05/07/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

05/07/2017	On-Line Enrollment
05/10/2017	Lic. Unit file referred for background check review Gave to Kim G, Red Screen
05/26/2017	Application Complete/On-site Needed
05/26/2017	File Transferred To Field Office Saginaw
07/03/2017	Application Incomplete Letter Sent
08/24/2017	Inspection Completed On-site
08/24/2017	Inspection Completed-BCAL Sub. Compliance
08/30/2017	Confirming Letter Sent
09/29/2017	Inspection Completed On-site
09/29/2017	Inspection Completed-BCAL Sub. Compliance
10/02/2017	Confirming Letter Sent
10/03/2017	Inspection Completed-BCAL Full Compliance
10/13/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Field Home II is a single family home located at 1415 E. Smith St. Bay City, MI 48706. The home is located in the city of Bay City, in Bay County. Field Home II is a brick two story home built on a concrete slab. The licensed area is located on the first floor. The property is owned by Jeanine Weddel, who has given permission to licensee Debra Field to operate an Adult Foster Care Home at this location.

The facility consists of a foyer, kitchen, kitchenette, dining room, living room, laundry room, and two bathrooms. The facility also contains seven bedrooms. The first room located in the hallway of the north east bedrooms will not be occupied by a resident, as the square footage is only 79.1.

The furnaces, and hot water heaters are located on the main floor of the home with a 1-3/4 inch solid core door, equipped with an automatic self-closing device and positive latching hardware, in a room that is constructed of material that has a 1-hour-fire-resistance rating. The furnaces were inspected on 08/09/2017, 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. The home is wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 South West bedroom	(11ft. 11in. x 7ft. 2.25in. – 3ft. 10in. x 2ft. 3in.) + (11ft. 11in. x 7ft. 4.5in. – 1ft. 4in. x 5ft. 5in.)	157.8	1
2 South East bedroom	10 ft. 6 in. x 8 ft. 9 in. - 3ft. 2in. x 2ft. 4in.	84.5	1
3 South East bedroom	10 ft. 6 in x 8 ft. 10 in – 2ft. 4in. x 3ft. 9.5 in.	84	1
4 South East bedroom	9 ft. 6 in. x 10 ft. 2in. – 2ft. 4in. x 3ft. 9in.	87.8	1
5 North East bedroom	10.6 in. x 8 ft. 10 in. – 3ft. 9.5 in. x 2ft. 4in.	84	1

6 North East bedroom	11 ft. 7 in. x 8 ft. 2 in. – 3ft. 10in. x 2ft. 4in.	85.7	1
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The living, dining, and sitting room areas measure a total of 600 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

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 whose diagnosis is developmentally disabled, Alzheimer’s, physically handicapped, aged, traumatic brain injured, 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. Residents will be referred from: the community, local agencies, hospitals, and by word of mouth.

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 and Administrator Qualifications

The applicant is Field, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 11/12/2003. 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.

Debra Field has submitted documentation naming herself as Licensee Designee and Administrator of the facility.

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

The licensee designee/administrator 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), 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.

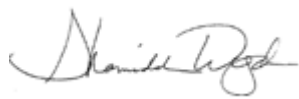
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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 small group home (capacity 1 to 6).

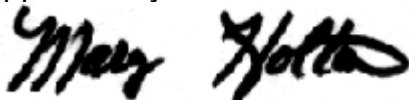


10/13/2017

Shamidah Wyden
Licensing Consultant

Date

Approved By:



10/13/2017

Mary E Holton
Area Manager

Date