



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 24, 2018

Michelle Showalter-Johnson
420 Russell Street
Leslie, MI 49251

RE: Application #: AF330390402
Twin Pines AFC
420 Russell Street
Leslie, MI 49251

Dear Ms. Showalter-Johnson:

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 cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF330390402
Applicant Name:	Michelle Showalter-Johnson
Applicant Address:	420 Russell Street Leslie, MI 49251
Applicant Telephone #:	517-589-9362
Administrator/Licensee Designee:	N/A
Name of Facility:	Twin Pines AFC
Facility Address:	420 Russell Street Leslie, MI 49251
Facility Telephone #:	(517) 589-9362 09/05/2017
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/05/2017	Enrollment
09/13/2017	PSOR on Address Completed
09/14/2017	Contact - Document Sent Rule & Act booklets
09/14/2017	Application Incomplete Letter Sent Rec cl, FP's Livescan request for Michelle; rec cl's for Brandon & Lawrence (RP)
01/19/2018	Contact - Document Received Rec cl, RI-030 for Michelle; rec cl's for Brandon, & Lawrence (RP)
02/05/2018	Contact - Telephone call made Spoke to applicant and she reported that she has not yet completed and submitted all necessary paperwork as part of the application.
03/13/2018	Contact - Document Sent Email sent to applicant and Stephanie Gonzalez.
03/13/2018	Application Incomplete Letter Sent by Dawn Timm and via email.
03/13/2018	Contact - Document Sent Emailed applicant to obtain follow up information regarding pending application as well as application incomplete letter and documents still needed.
03/14/2018	Contact - Telephone call received Received call from applicant stating that she is not able to complete the onsite inspection until March 22, 2018 due to appointment and other personal priorities. Scheduled onsite for 3/22/2018.
03/23/2018	SC-Application Received - Original
03/29/2018	Inspection Completed On-site Applicant requested onsite to review facility and determine needed updates to home, specifically need for an egress window in the basement and two fire rated doors on the basement where the furnace is located.
03/29/2018	Application Complete/On-site Needed

03/29/2018	Inspection Completed-BCAL Sub. Compliance
03/29/2018	Application Incomplete Letter Sent
05/21/2018	Contact - Telephone call received Received call from Michelle Showalter-Johnson stating that fire doors have not yet been installed. Awaiting arrival of fire doors for installation.
08/22/2018	Inspection Completed On-site Conducted second onsite investigation. Reviewed newly installed fire doors and installed egress window.
08/22/2018	Inspection Completed-BCAL Full Compliance
08/22/2018	SC-Recommend DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This bi-level home is located in rural Leslie, Michigan. The home has one resident bedroom and one non-resident bedroom on the main level of the home. The lower level of the home has one resident bedroom and two non-resident bedrooms. The main level of the home has two living rooms, one kitchen, one dining room, and one full size bathroom, all of which are designated for resident use. The lower level of the home has one living room and one full size bathroom, both designated for resident use. The home is wheelchair accessible and has at least one approved means of egress that is equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home utilizes a gas furnace system and water heater, both of which are located in the basement of the home and are equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	278" x 114"	220 square feet	3
2	100" x 112" + 156" x 139"	227 square feet	3

The indoor living and dining areas measure a total of 515 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 6 male residents who are developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Ingham

County DHS, Clinton-Eaton-Ingham County CMH, Veterans Administration or residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible person were completed and the person was determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 6 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 acknowledged 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 acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant(s).

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 6.

Stephanie Gonzalez

8/22/2018

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Dawn Timm

08/24/2018

Dawn N. Timm
Area Manager

Date