



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 19, 2018

Julie Tremper
3932 N Center Rd
Saginaw, MI 48603

RE: Application #: AF730393679
Peace Of Mind
3932 N Center Rd
Saginaw, MI 48603

Dear Ms. Tremper:

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 4 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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF730393679
Licensee Name:	Julie Tremper
Licensee Address:	3932 N Center Rd Saginaw, MI 48603
Licensee Telephone #:	(989) 387-9308
Name of Facility:	Peace Of Mind
Facility Address:	3932 N Center Rd Saginaw, MI 48603
Facility Telephone #:	(989) 387-9308
Application Date:	04/19/2018
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

04/19/2018	On-Line Enrollment
04/20/2018	PSOR on Address Completed
04/20/2018	Contact - Document Sent Rule and act books
06/07/2018	Contact - Document Received AFC 100 for constance, Gloria and kirk
06/27/2018	File Transferred To Field Office Saginaw
07/16/2018	Application Incomplete Letter Sent
09/13/2018	Application Complete/On-site Needed
09/13/2018	Inspection Completed On-site
09/13/2018	Inspection Completed-BCAL Full Compliance
09/17/2018	Document Received Furnace inspected and approved
09/18/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-story ranch-style home located in the city of Saginaw, Michigan. This home is located within a short travel distance of several local businesses and community resources. This facility is not wheel chair accessible. This facility is owned by the applicant, Julie Tremper. This facility is equipped with inter-connected, hard wired smoke detectors and the flame producing equipment is located in a mechanical room in the basement. The furnace was inspected on 9/17/18 and found to be in good working order. The door to the basement is a solid core, 1 3/4" thick door with a self-closing mechanism.

There is a living room and sitting room located on the main level of this home measuring a total of 732 sq. ft which meets the requirements for four (4) residents. This facility contains a full kitchen and dining room with room to accommodate four residents. There are two full bathrooms on the same level as the resident bedrooms, and one of the bathrooms is connected to Bedroom #3. The applicant's living quarters are located in the basement of this facility.

The bedroom space available is as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
Bedroom #1	10'4" x 10'7"	111.28 sq. ft.	1
Bedroom #2	12'5" x 10'	125 sq. ft.	1
Bedroom #3	13' x 15'	195 sq. ft.	2

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose are aged. 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 each 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 persons submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative 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 along with outside employment.

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 residents in this family home licensed for 4 residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the 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

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 temporary license to this AFC adult family home (capacity 1-4).



9/18/18

Kent W Gieselman
Licensing Consultant

Date

Approved By:



09/19/18

Mary E Holton
Area Manager

Date