



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 24, 2019

Debra Stack
805 W. Midland Road
Auburn, MI 48611

RE: Application #:	AM090391935 Rose Gate AFC Home 805 W. Midland Auburn, MI 48611
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Dear Ms. Stack:

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 10 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
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM090391935
Applicant Name:	Debra Stack
Applicant Address:	805 W. Midland Road Auburn, MI 48611
Applicant Telephone #:	(989) 415-0077
Administrator/Licensee:	Debra Stack
Name of Facility:	Rose Gate AFC Home
Facility Address:	805 W. Midland Auburn, MI 48611
Facility Telephone #:	(989) 662-6389
Application Date:	12/26/2017
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

12/26/2017	Enrollment
01/04/2018	Inspection Report Requested - Fire
01/04/2018	Application Incomplete Letter Sent 1326 for debra
01/04/2018	Contact - Document Sent Fire String & Rule and act book
04/27/2018	Contact - Document Received 1326 & RI-030 form
04/27/2018	File Transferred To Field Office Saginaw
05/09/2018	Application Incomplete Letter Sent Both emailed to Ms. Stack and put in postal mail.
07/06/2018	Inspection Completed On-site
07/06/2018	Inspection Completed-BCAL Sub. Compliance
07/12/2018	Confirming letter sent
10/05/2018	Inspection Completed- Fire Safety: A
10/18/2018	Inspection Completed-BCAL Sub. Compliance Follow up inspection completed.
12/21/2018	Inspection Complete On-site Follow up inspection completed
12/21/2018	Inspection Completed-Env. Health: A
01/24/2019	Inspection Completed- BCAL Full Compliance
01/24/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 805 W. Midland Rd. Auburn, MI 48611 is owned by licensee Debra Stack. Rose Gate AFC Home is a home located several blocks north east of the Garfield Road exit off MI-10 in Williams Charter Township. The facility was previously licensed as Rose Gate Adult Foster Care Home (AM090016073) and had been licensed continuously since 06/01/1995. The facility is a two-story home with stone and vinyl siding. The interior of the facility includes four bedrooms, two sitting areas, a dining room, kitchen, and two bathrooms. The upstairs consist of a bedroom and bathroom but is not a part of the licensed facility. The home is situated in a rural area but is close to a local shopping center and restaurants.

The home is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. 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. A furnace inspection was completed on 10/16/2018 by Haertel Heating Company and was found to be in satisfactory running order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-NW	15ft 6in x 11ft 1 in	171.8	2
2-SW	23ft 4in x 13ft 2in- 16ft x 1ft ½ in=	290.56	4
3-NE	13ft 3 in x 11ft 9 in- 1 ft 9in x 10ft =	138.25	2
4-SE	10ft 7in x 9ft 6 in + 7ft 4in x4ft 7in -1ft 3 in x 2ft=	131.68	2

The living, dining, and sitting room areas measure a total of 541.2 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 ten (10) 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 ten (10) male or female ambulatory adults aged 50 to 99, whose diagnosis is developmentally disabled or mentally ill, and/or aged 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 local hospitals and doctor's offices.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

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

The applicant and administrator have 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 10-bed facility is adequate and includes a minimum of 1 staff –to- 10 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 adult foster care medium group home (capacity 1 -10).



01/24/2019

Shamidah Wyden
Licensing Consultant

Date

Approved By:



01/24/2019

Mary E Holton
Area Manager

Date