



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 9, 2019

Tasha Hastings  
3005 Buchanan SW  
Wyoming, MI 49548

RE: Application #: AF410397527  
Tasha Hastings  
3005 Buchanan SW  
Wyoming, MI 49548

Dear Tasha Hastings:

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 (616) 356-0183.

Sincerely,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410397527
<b>Applicant Name:</b>	Tasha Hastings
<b>Applicant Address:</b>	3005 Buchanan SW Wyoming, MI 49548
<b>Applicant Telephone #:</b>	(616) 818-2795
<b>Administrator/Licensee Designee:</b>	Tasha Hastings
<b>Name of Facility:</b>	Tasha Hastings
<b>Facility Address:</b>	3005 Buchanan SW Wyoming, MI 49548
<b>Facility Telephone #:</b>	(616) 818-2795
<b>Application Date:</b>	12/04/2018
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/04/2018	Enrollment
12/06/2018	Lic. Unit file referred for background check review Red Screens DG410291832 & DF410395423
12/06/2018	Contact - Document Sent Rule & ACT Books
12/06/2018	Application Incomplete Letter Sent 1326/RI 030/Fingerprint for Tasha & Markeese Hastings and AFC 100 for Resp Person Dolores Jackson
01/02/2019	Contact - Document Received 1326/RI 030 for Tasha & Markeese Hastings and AFC 100 for Delores Jackson
01/09/2019	File Transferred To Field Office Grand Rapids
01/16/2019	Application Incomplete Letter Sent
03/28/2019	Inspection Completed-Onsite
04/05/2019	Inspection Completed-Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch style home located in a subdivision in the city of Wyoming. The main floor consists of a living room, kitchen, dining area, 1 full bathroom, and two bedrooms occupied by the applicant and household member. The lower level of the home has two resident bedrooms, a living area, and a full bathroom. The facility uses public water and sewage systems. The licensee has arranged for weekly pick up of garbage through a private company. The home is not barrier free or handicapped accessible.

The gas furnace, hot water heater and laundry facility are located in the lower level of the facility, in a room that is constructed of materials that provide a 1-hour fire resistance rating with a 1 ¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with single station smoke detectors installed near sleeping areas, in the living room, lower level of the home and near the furnace.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

<b>Room #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Number of resident beds</b>
1	12'3" X 11'4"	104.22 sq. ft.	2
2	15'10" X 15'	226.5 sq. ft.	2

The living, dining and lower level sitting room areas measure a total of 348 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, it is concluded that this facility can accommodate **four** residents. It is the licensee’s responsibility to not exceed the facility’s licensed capacity.

**B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to four residents whose diagnosis are mentally ill, developmentally disabled, aged, Alzheimer’s or physically handicapped 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.

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 Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person 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. The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside 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 five residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 4-bed family home, there is adequate supervision with 1 responsible person on-site –for- 4 residents. The applicant acknowledges that the number of responsible persons on-site –to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person or volunteer working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person and volunteer.

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 their 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

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

The applicant acknowledges 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 residents' personal money transactions that have been agreed to be managed by the applicant.

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

#### **D. Rules or 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 4).

*Megan Aukerman, MSW*

04/09/2019

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Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

04/09/2019

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Jerry Hendrick  
Area Manager

Date