



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 3, 2019

Ricky Weems, Jr
1628 N. Charles St
Saginaw, MI 48602

RE: Application #:	AF730393298 K & M Residential Services 1628 N. Charles St Saginaw, MI 48602
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Dear Mr. Weems, Jr:

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 2 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 red ink that reads "Susan Sells".

Susan Sells, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF730393298
Licensee Name:	Ricky Weems, Jr
Licensee Address:	1628 N. Charles St Saginaw, MI 48602
Licensee Telephone #:	(989) 213-5721
Administrator/Licensee Designee:	N/A
Name of Facility:	K & M Residential Services
Facility Address:	1628 N. Charles St Saginaw, MI 48602
Facility Telephone #:	(989) 401-9000
Application Date:	03/26/2018
Capacity:	2
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

03/26/2018	On-Line Enrollment
03/27/2018	Contact - Document Sent Rule and act books
04/04/2018	Contact - Document Received 1326 & RI-030
04/05/2018	File Transferred to Field Office Saginaw
04/20/2018	Application Incomplete Letter Sent
07/10/2018	Contact - Telephone call received Mr. Weems said that his RP received a call saying that she is listed as an employee on this license. I told him that according to bits, she is listed as his RP. Also discussed the application incomplete letter.
09/25/2018	Contact - Document Sent 10-day continued interest letter sent
10/09/2018	Contact - Document Received Additional documents received for original app
12/05/2018	Contact - Telephone call received I spoke to Mr. Weems about his documentation
12/14/2018	Contact - Telephone call made I contacted Mr. Weems and explained that if he does not submit all of his paperwork by the end of the day on Thursday December 20, I will close his application.
02/08/2019	Contact - Document Received Evacuation plan received from Mr. Weems
03/07/2019	Inspection Completed On-site
03/07/2019	Inspection Completed-BCAL Sub. Compliance
04/11/2019	Contact - Document Received Corrective action plan received from Mr. Weems
04/23/2019	Inspection Completed On-site
04/23/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

K & M Residential Services is located at 1628 N. Charles Street in the city of Saginaw, Michigan. It is a ranch style home with a total of two bedrooms and one full bathroom. Each bedroom can accommodate one resident. The bathroom is equipped with safety bars in the shower area. The licensee’s bedroom is in the basement of the residence. The licensee is the only household member in addition to any residents.

This home is owned by Demetrice Holmes. Ms. Holmes provided a signed letter acknowledging that Mr. Weems will be operating an Adult Foster Care home at this residence and giving permission for AFC licensing to inspect the home. I obtained a copy of the signed lease agreement which shows that Mr. Weems is leasing this property on a yearly basis beginning 11/01/18 through 11/01/19.

There are two approved means of egress in this home. The rear door leads directly to the backyard while the front door leads directly to the front yard. The licensee has posted a clear evacuation route in the hallway between the resident bedrooms and has emergency phone numbers posted in the kitchen. This facility is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid wood core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with fully operational battery powered, single station smoke detectors that have been installed in the sleeping areas, in the living room, in the kitchen area, and in the basement. Fire extinguishers are installed on each floor of the home. The furnace was inspected by Consumers Energy’s Appliance Service Plan Department on 3/29/19 with no signs of any problems.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
East	11’ x 9’7”	105	1
West	9’7” x 9’9”	93	1

The living and dining room areas measure a total of 302 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 **two (2)** 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 two (2) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

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 Persons 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, outside employment, and savings.

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 two 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 his 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 his 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 his 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 his 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.

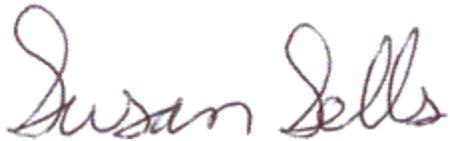
The applicant acknowledges his responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

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 family home with a capacity of 2.



May 3, 2019

Susan Sells Licensing Consultant	Date
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Approved By:



May 3, 2019

Mary E Holton Area Manager	Date
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