



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 14, 2019

Therese Christman
Christman AFC Home LLC
828 Cherry Ave
Royal Oak, MI 48073

RE: Application #: AM630397376
Christman AFC Home
828 Cherry Ave
Royal Oak, MI 48073

Dear Ms. Christman:

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 8 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM630397376
Applicant Name:	Christman AFC Home LLC
Applicant Address:	828 Cherry Ave Royal Oak, MI 48073
Applicant Telephone #:	(248) 542-5683
Administrator/Licensee Designee:	Michell Carley, Administrator Therese Christman, Licensee Designee
Name of Facility:	Christman AFC Home
Facility Address:	828 Cherry Ave Royal Oak, MI 48073
Facility Telephone #:	(248) 542-5683
Application Date:	11/21/2018
Capacity:	8
Program Type:	AGED

II. METHODOLOGY

11/21/2018	Enrollment
11/27/2018	Contact - Document Sent Acts book
11/27/2018	Application Incomplete Letter Sent 1326 for Therese. 100 for Michell.
12/12/2018	Contact - Document Received 1326 for Therese. 100 for Michell.
02/01/2019	File Transferred to Field Office Pontiac
02/06/2019	Contact - Document Received Licensing file received from Central office
02/12/2019	Application Incomplete Letter Sent
02/26/2019	Contact - Document Sent Sent an email to Michell Carley
03/06/2019	Contact - Document Received Received documentation
03/18/2019	Contact - Document Received
03/19/2019	Contact - Document Received
04/19/2019	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is in the city of Royal Oak. The main level consists of five resident bedrooms, a kitchen with an adjoined dining area, living room, and a bathroom. There is also a full bathroom attached to one of the resident's bedrooms. The upper level will be off limits for resident use. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The gas 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 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. This facility was previously licensed as an adult foster

care facility (AM630076522). It will be grandfathered. The facility is not equipped with an approved pull station alarm system and a sprinkled system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'6" x 19'6"	263.25	2
2	10' x 10'	100	1
3	10' x 11'	121	1
4	11' x 16'10"	185.13	2
5	15'8" x 22'8"	355.24	2

Total capacity: 8

The living, dining, and sitting room areas measure a total of 591 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 **eight (8)** 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 **eight (8)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

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 is Christman AFC Home LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/04/2018. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Christman AFC Home LLC have submitted documentation appointing Therese Christman as Licensee Designee for this facility and Michell Carley as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Christman and Ms. Carley. Ms. Christman and Ms. Carley submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Christman and Ms. Carley have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Christman currently serves as the licensee of Christman AFC Home (AM630076522) and providing care to the aged population. Ms. Christman has been the licensee since 05/11/1998. Ms. Carley has provided care to residents at Christman AFC Home (AM630076522) for over 20 years.

The staffing pattern for the original license of this 8-bed facility is adequate and includes a minimum of 1 staff –to- 8 residents per shift. Ms. Carley acknowledged the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Carley indicated that direct care staff will not be awake during sleeping hours.

Ms. Carley acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Carley acknowledged an understanding of the qualifications, suitability, and training 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.

Ms. Carley 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Carley acknowledged 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, Ms. Carley indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Carley acknowledged her responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Carley acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Carley 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.

Ms. Carley acknowledged her 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.

Ms. Carley acknowledged her 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 that are required to be maintained within each resident's file.

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

Ms. Carley acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Carley indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Carley acknowledged 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. Ms. Carley indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Carley acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

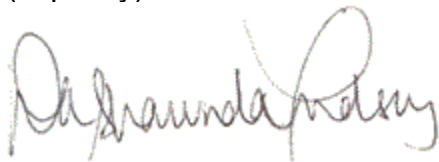
Ms. Carley acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Christman AFC Home LLC 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 medium group home (capacity).

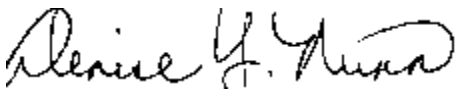


04/30/2019

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



05/08/2019

Denise Y. Nunn
Area Manager

Date