



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 9, 2019

Christopher Wadley  
1629 North Carolina St  
Saginaw, MI 48602

RE: Application #: AF730398732  
Promise Land  
1629 North Carolina St  
Saginaw, MI 48602

Dear Mr. Wadley:

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 6 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,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 931-0965

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF730398732
<b>Licensee Name:</b>	Christopher Wadley
<b>Licensee Address:</b>	1629 North Carolina St Saginaw, MI 48602
<b>Licensee Telephone #:</b>	(989) 482-6575
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Promise Land
<b>Facility Address:</b>	1629 North Carolina St Saginaw, MI 48602
<b>Facility Telephone #:</b>	(989) 482-6575
<b>Application Date:</b>	03/12/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

03/12/2019	On-Line Enrollment
03/20/2019	PSOR on Address Completed
03/20/2019	Contact - Document Sent Act book
04/02/2019	Contact - Document Received AFC 100, FPS, 1326
04/02/2019	File Transferred to Field Office Saginaw
04/09/2019	Contact - Telephone call received Licensee called about application information.
04/16/2019	Application Incomplete Letter Sent
05/08/2019	Inspection Completed On-site
05/08/2019	Inspection Completed-Env. Health: A
06/26/2019	Exit Conference
06/27/2019	Inspection Completed-BCAL Full Compliance
06/27/2019	Application Complete
06/27/2019	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Promise Land is located at 1629 North Carolina Street, Saginaw, MI. The physical plant is a two-story vinyl structure with a basement. It consists of a living room, family room, dining room, full kitchen, a full bathroom and one bedroom on the first level. The second level consists of three resident bedrooms, a living room, and a full bathroom with a tub. Two bedrooms have a closet and the third bedroom has two individual wardrobes. The facility has adequate storage areas. There is a detached two car garage with a fully paved driveway. The driveway has adequate parking for staff and visitors. The facility is not wheelchair accessible. The licensee stays in the first level bedroom of the home. The property is owned by the applicant, Licensee Christopher Wadley.

The furnace and hot water heater are located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device at the top of the stairs leading from the kitchen down into the basement. On April 16, 2019, the furnace was inspected by a licensed professional. The furnace was found to be in safe operational condition with no signs of carbon monoxide. The laundry room is located adjacent to the garage inside the home. The facility is equipped with battery operated smoke detectors. Fire extinguishers are installed on each floor of the home.

The facility has a public water and sewer system. An environmental health inspection was conducted on May 8, 2019. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Upstairs Front Bedroom 1	14'3" x 14'7"	210	2
Upstairs Middle Bedroom 2	13'0" x 11'11"	144	2
Upstairs Back Bedroom 3	14'4" x 14'6"	210	2

The living, dining and sitting room areas measure a total of 500 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive

latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

On March 12, 2019, Christopher Wadley submitted an application for a license to provide foster care services for up to six male adults that are aged, developmentally disabled and mentally ill.

The goal of the Promise Land is to provide a clean, safe, and caring environment for male residents that are diagnosed as aged, mentally ill, and developmentally disabled, who are 45 years old and older. The licensee will provide basic self-care, habilitation training and transportation. Community-based resources will be utilized in order to provide the least restrictive environment for the residents.

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.

The applicant was provided technical assistance regarding the statutory requirements (Section 400.734b of Public Act 218), pertaining to the hiring or contracting of persons who provide direct services to the residents.

Technical assistance was provided to the applicant regarding administrative rules related to the facility, resident, and employee record keeping, including the handling and accounting of resident funds and valuables.

## **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant (s). The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results. Mr. Wadley submitted all required documentation, including license record clearance, medical clearance, verification of experience, verification of education, verification of qualifications, and financial information.

The applicant(s) have 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 (2) 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](http://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.

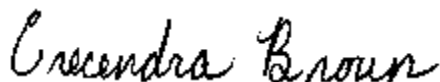
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant 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 1-6).



July 9, 2019

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Crecendra Brown  
Licensing Consultant

Date

Approved By:



July 9, 2019

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Mary E Holton  
Area Manager

Date