



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 9, 2019

Fatima Mayo
813 S. Bond St
Saginaw, MI 48601

RE: Application #: AS730396181
A Place Called Home
440 S. 10th Street
Saginaw, MI 48601

Dear Ms. Mayo:

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

License #:	AS730396181
Licensee Name:	Fatima Mayo
Licensee Address:	813 S. Bond St Saginaw, MI 48601
Licensee Telephone #:	(989) 482-8989
Administrator/Licensee Designee:	Fatima Mayo
Name of Facility:	A Place Called Home
Facility Address:	440 S. 10th Street Saginaw, MI 48601
Facility Telephone #:	(989) 482-8989
Application Date:	09/08/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/08/2018	On-Line Enrollment
09/10/2018	Contact - Document Sent Rule and act books
09/10/2018	PSOR on Address Completed
09/25/2018	Contact - Document Received AFC 100 for Deshon and 1326 for Fatima
11/01/2018	Contact - Document Received Updated application and additional \$40 Chk#1265 Amt: \$40.00
11/20/2018	File Transferred to Field Office Saginaw
11/28/2018	Application Incomplete Letter Sent
05/08/2019	Inspection Completed On-site
05/09/2019	Inspection Completed-Env. Health: A
06/26/2019	Exit Conference
06/27/2019	Inspection Completed-BCAL Full Compliance
06/27/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

A Place Called Home is a three-bedroom home located at 440 S. 10th Street, Saginaw, MI. The home is located in a quiet city setting, in proximity to stores, recreational centers and hospitals. The physical plant is a two-story vinyl-sided structure with an unfinished basement. It consists of a living room, dining room, kitchen, office, and three double occupancy resident bedrooms. There is a full bathroom on the main floor and a full bathroom with a shower on the second floor. Each bedroom has a closet. The facility has adequate storage areas. The driveway has adequate parking for staff. The facility is not wheelchair accessible. The property is owned by the applicant, Licensee Fatima Mayo.

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. A furnace inspection was completed on April 1, 2019. The furnace was found to be operating in safe and good condition with no signs of carbon monoxide. The laundry room is located adjacent to the kitchen inside the home. 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.

The facility has a public well and sewer system. 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 # All Bedrooms on 2 nd Floor	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	13' x 17'	221	2
Bedroom 2	11'3" x 13'7"	155	2
Bedroom 3	14'1" x 10'1"	142	2

The living, dining and sitting room areas measure a total of 450 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.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

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

The applicant, Fatima Mayo, submitted a copy of the required documentation. 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 six (6) male or female ambulatory adults, 18 - 90 years of age and older, whose diagnosis is aged, physically handicapped, developmentally disable and mentally ill in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment 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 and the responsible agency.

Fatima Mayo will ensure that the resident's transportation and medical needs are met. Fatima Mayo has transportation available for residents to access community-based resources and services. 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

On September 8, 2018, Fatima Mayo submitted an application to provide foster care services to six adults at 440 S. 10th Street, Saginaw, Michigan.

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.

Fatima Mayo submitted a licensing record clearance request that was completed and approved. Fatima Mayo also submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results. Fatima Mayo has 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 six-bed facility is adequate and includes a minimum of 1 staff to 6 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 1 to 6 resident ratios.

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 employee 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.

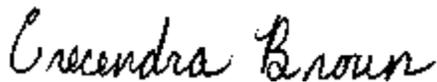
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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 small group home (capacity 1-6).



July 9, 2019

Crecendra Brown
Licensing Consultant

Date

Approved By:



July 9, 2019

Mary E Holton
Area Manager

Date