



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 19, 2019

Andrea Lamar
1102 S Jefferson Ave
Saginaw, MI 48601

RE: Application #: AF730400459
Reconnecting Values AFC
1102 S. Jefferson
Saginaw, MI 48601

Dear Ms. Lamar:

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 "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF730400459
Applicant Name:	Andrea Lamar
Applicant Address:	1102 S Jefferson Ave Saginaw, MI 48601
Applicant Telephone #:	(989) 443-3948
Administrator/Licensee Designee:	N/A
Name of Facility:	Reconnecting Values AFC
Facility Address:	1102 S. Jefferson Saginaw, MI 48601
Facility Telephone #:	(989) 443-3948
Application Date:	07/02/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

07/02/2019	Enrollment
07/02/2019	Application Incomplete Letter Sent 1326 & afc 100, fill in Sewer system type on App
07/02/2019	PSOR on Address Completed
07/02/2019	Contact - Document Sent forms sent
07/18/2019	Lic. Unit file referred for background check review 1326 for Andrea given to Candace for review
07/18/2019	Contact - Document Received Filled in Sewer type on app, 1326 & AFC100 received for Andrea
08/08/2019	Application Incomplete Letter Sent
08/08/2019	Contact - Document Received Received required paperwork from applicant.
08/08/2019	Contact - Telephone call made Spoke to applicant regarding additional paperwork that is needed
08/10/2019	Contact - Document Received Received required paperwork from applicant.
08/12/2019	Contact - Document Received Received required paperwork from applicant.
08/12/2019	Application Complete/On-site Needed
08/12/2019	Inspection Completed On-site
09/17/2019	Inspection Completed-BCAL Full Compliance
09/18/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Reconnecting Values AFC is located in the city of Saginaw, MI. It is a two-story home that sits on a typical city lot. There is a designated space for two cars located on the side of the home and ample parking space for visitors on the street in front of the home. The home has a large covered porch at the front entrance and another wooden deck attached to the side of the home, with direct access to the rear entrance/exit. Applicant, Andrea Lamar, is currently renting this home.

The main level of the home consists of a living room, dining area, kitchen, one full bathroom and one resident bedroom. There are two exit/entrances from the main level that lead directly outside, which are equipped with alarms to alert staff when someone exits/enters the home.

The second level of the home consists of two resident bedrooms, one licensee bedroom, one full bathroom and a small den/living area. There are two separate sets of stairs from this level. Each set of stairs leads directly to an exit.

The basement level of the home consists of an area for doing laundry and an area where the hot water heater and gas furnace are located. At the top of the basement stairs there is a solid wood core fire door that is equipped with an automatic self-closing device. The furnace was last inspected by a certified HVAC technician on 9/12/19 and found to be in both good and safe operating order. The smoke detectors in the home are battery operated and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas provide ample space for up to six residents and measured as follows:

Living Room	207 square feet	
Dining area	150 square feet	
Den	87 square feet	
Bedroom # 1—1st floor	14' 8" x 11' 6" = 169 square feet	2 residents
Bedroom # 2 – 2 nd floor	16' x 14' 6" = 232 square feet	Licensee
Bedroom # 3 – 2 nd floor	14' 6" x 9' 6" = 138 square feet	2 residents
Bedroom # 4 – 2 nd floor	14' 3" x 9' 6" = 135 square feet	2 residents

The facility has a public water supply and public sewage disposal system, which are both supplied by the City of Saginaw.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six male and/or female residents who are 30-90 years of age and who are diagnosed with a developmental disability, mental illness, and/or are aged. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living. This home is not wheelchair accessible.

C. Applicant and Administrator Qualifications

Andrea Lamar is the applicant/licensee of the home. A criminal history background check was completed for the applicant and their responsible person. They have been determined to be of good moral character. The applicant and responsible persons submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) resident will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible persons on call to provide supervision in relief. The applicant has indicated that for the original license of this 6-bed family home, there is adequate supervision with 1 responsible person on-site for six (6) 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 training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and 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 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 volunteers and the retention schedule for all of the documents contained within the 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 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, the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

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 discharge written 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 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 an accident involving 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 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.

Andrea Lamar has two years of experience as a licensee of an AFC family home where residents were developmentally disabled, mentally ill, and/or aged. Ms. Lamar also has ten years of experience as a direct care worker in licensed AFC homes. Ms. Lamar reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

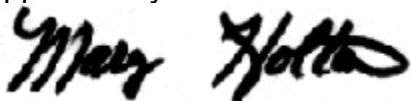


9/18/19

Christopher Holvey
Licensing Consultant

Date

Approved By:



9/19/19

Mary E Holton
Area Manager

Date