



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 13, 2017

Keishia Wilson  
Laurel Heights AFC, LLC  
1136 Heatherwoode Road  
Flint, MI 48532

RE: Application #: AS250388974  
Laurel Heights AFC  
1253 Dyemeadow Lane  
Flint, MI 48532

Dear Mrs. Wilson:

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 5 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 blue ink, reading "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 931-1092

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS250388974
<b>Applicant Name:</b>	Laurel Heights AFC, LLC
<b>Applicant Address:</b>	1136 Heatherwoode Road Flint, MI 48532
<b>Applicant Telephone #:</b>	(810) 309-8712
<b>Administrator/Licensee Designee:</b>	Keishia Wilson
<b>Name of Facility:</b>	Laurel Heights AFC
<b>Facility Address:</b>	1253 Dyemeadow Lane Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 309-8712
<b>Application Date:</b>	06/08/2017
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## **II. METHODOLOGY**

06/08/2017	Enrollment
06/21/2017	Application Incomplete Letter Sent RI-030, 1326 for Keisha
06/21/2017	Contact - Document Sent Rule and Act booklets
07/21/2017	Contact - Document Received 1326 , FP's & RI-030
07/21/2017	File Transferred To Field Office Flint
08/09/2017	Application Incomplete Letter Sent
10/25/2017	Application Complete/On-site Needed
10/30/2017	Inspection Completed On-site
10/30/2017	Inspection Completed-BCAL Full Compliance
10/30/2017	Exit Conference Exit conference with Keisha Wilson, licensee designee.
11/13/2017	Recommend License Issuance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This facility is a single story home located in Flint, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is

equipped with a wheel chair ramp and a second means of egress opening to the ground level. This facility has a living room with 266 sq. ft., a sitting room with 294 sq. ft., and a dining room with capacity for all of the residents. Bedroom #1 contains a full bathroom, and there is an additional 1 ½ baths for resident use on the same floor as the resident bedrooms.

The hot water heater and furnace 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 in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The furnace and hot water heater were inspected and approved on 8/7/17. 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.

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

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom #1	16'X11'	176 sq. ft.	2
Bedroom #2	10'X11'	110 sq. ft.	1
Bedroom #3	10'X10'	100 sq. ft.	1
Bedroom #4	11'X10'	110 sq. ft.	1
<b>Total Capacity = 5 residents</b>			

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant'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 **5** male or female adults whose diagnosis is developmentally disabled, or aged 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.

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 applicant 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 Laurel Heights AFC LLC. 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.

Keisha Wilson is the licensee designee and administrator for the applicant. Ms. Wilson has been an in-home hospice nurse for several years and meets the requirements for licensee designee and administrator.

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

The applicant 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 5-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 –to- resident ratio.

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 and that only those direct care staff that have received medication training and have been determined competent by the applicant, 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 applicant, 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**

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 small group home with a capacity of five (5) residents.



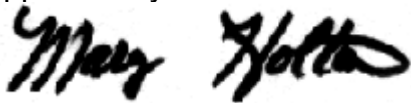
11/13/17

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



11/13/17

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Mary E Holton  
Area Manager

Date