



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 27, 2020

Janelle Land
5290 Baldwin Rd.
Oxford, MI 48371

RE: Application #: AS250399656
Flagstone AFC
6321 Boulder Dr.
Flushing, MI 48433

Dear Mrs. Land:

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 "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250399656
Licensee Name:	Janelle Land
Licensee Address:	5290 Baldwin Rd. OXFORD, MI 48371
Licensee Telephone #:	(248) 981-6413
Licensee Designee	N/A
Administrator:	Janelle Land
Name of Facility:	Flagstone AFC
Facility Address:	6321 Boulder Dr. Flushing, MI 48433
Facility Telephone #:	(248) 981-6413
Application Date:	05/10/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

05/10/2019	On-Line Enrollment
05/28/2019	Contact - Document Received 1326, RI-030, FP, and 100 for Janelle.
05/28/2019	File Transferred to Field Office Flint
06/04/2019	Application Incomplete Letter Sent
07/25/2019	Contact - Telephone call received A call was received from the applicant regarding submitting the required licensing paperwork.
11/18/2019	Contact - Telephone call received Call from the license applicant.
11/21/2019	Contact - Document Received Current CPR & First Aid Certification.
11/21/2019	Application Complete/On-site Needed Final documents received.
12/05/2019	Inspection Completed On-site
12/30/2019	Contact - Document Received Heating System Inspection Report.
01/07/2020	Contact - Telephone call received Call from the license applicant.
01/22/2020	Inspection Completed On-site
01/24/2020	Inspection Completed-BCAL Full Compliance
01/24/2020	Contact - Document Received Photos of installed, positive-latching doors.
01/27/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Flagstone AFC is located within the Flagstone Subdivision in the City of Flushing, MI, within Genesee County. The home has 4 bedrooms, 2 full bathrooms, a living room, a kitchen/dining area, as well as a 1st floor laundry room. The home also has an unfinished basement, a backyard patio and an attached garage. Two rooms will be private resident bedrooms, while the other two will occupy 2 residents. The property is owned by the applicant Janelle Land, and her mother, Ms. Delphine Piaskowski. Ms. Piaskowski does not intend to be onsite at the facility or have access to the residents.

The furnace and hot water heater are located in the basement area of the home. constructed of material that has a 1-hour-fire resistance rating. A 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware, is located at the top of the basement stairwell.

The furnace was inspected and determined to be in good working condition on March 27, 2019. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are located on each level.

The facility has a public water and sewer system provided by the City of Flushing. The home 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
#1	12 x 15	180 sq. ft	2
#2	12 x 12	144 sq. ft	1
#3	12 x 15	180 sq. ft	1
#4	12 x 19	228 sq. ft	2

The living measures 17 x 21 for a total of 357 sq. ft., while the dining room measures 11 x 11 for a total of 121 sq. ft., for a total 478 sq. feet This exceeds the minimum of 35 square feet per resident requirement.

The home has three 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. This facility is wheelchair accessible.

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

Flagstone AFC is a wheelchair accessible facility designed to meet the daily living needs for the physically handicapped, the aged, traumatic brain injury as well as those with early/mid stage Alzheimer's.

The facility will assist residents in meeting their needs by providing a safe, clean and respectful environment. Flagstone AFC will also encourage residents to stay active and maintain positive social skills, as well as interaction with family and friends.

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female adults whose diagnosis is physically handicapped, aged, traumatic brain injury as well as those with early/mid stage Alzheimer's, in the least restrictive environment possible.

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.

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.

C. Applicant and Administrator Qualifications

The applicant, Ms. Janelle Land, 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.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee/administrator. The licensee /administrator submitted a

medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee and administrator have 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 6-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), L-1 Identity Solutions™ (formerly Identix ®), 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 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 physical plant rules has been determined. All items cited for correction have been verified by visual inspection. 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 large group home (capacity 13-20).

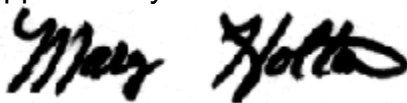


January 27, 2020

Sabrina McGowan
Licensing Consultant

Date

Approved By:



January 27, 2020

Mary E Holton
Area Manager

Date