



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 6, 2020

Kimberly Lawler
PO Box 187
Port Sanilac, MI 48469

RE: Application #: AM760402427
Carols A.F.C. Home
7252 Cedar Street
Port Sanilac, MI 48469

Dear Ms. Lawler:

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 12 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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM760402427
Applicant Name:	Kimberly Lawler
Applicant Address:	7795 W. Weidman Rd. Weidman, MI 48893
Applicant Telephone #:	(810) 404-1010
Administrator:	Carol Lawler
Licensee:	Kimberly Lawler
Name of Facility:	Carols A.F.C. Home
Facility Address:	7252 Cedar Street Port Sanilac, MI 48469
Facility Telephone #:	(810) 622-8009
Application Date:	11/19/2019
Capacity:	12
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

11/19/2019	Enrollment
11/19/2019	Application Incomplete Letter Sent Add'l \$75 and 1326/Fingerprint/RI 030 for Kimberly Lawler
12/04/2019	Contact - Document Received CHK#25560203760 Amt: \$75
12/05/2019	Contact - Document Received 1326, RI030 supp app
01/13/2020	Inspection Completed-Fire Safety: A Inspection completed under License AM760278141
01/23/2020	Application Incomplete Letter Sent
01/29/2020	Inspection Completed On-site
01/29/2020	Inspection Completed-Env. Health: A
002/05/2020	Contact- Document Received Received bank statement and new furnace receipt
03/02/2020	Contact - Document Received Received right to occupy from Carol Lawler for Kim Lawler
03/17/2020	Contact - Document Received Received Kim Lawler's high school diploma
03/18/2020	Contact – Document Receive Zoning approval from local zoning board
03/23/2020	Inspection Completed On-site
03/23/2020	Inspection Completed-BCAL Full Compliance
04/06/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Carol's AFC Home is a two-story vinyl aluminum sided home, approximately 3434 square feet, located in the Village of Port Sanilac, Michigan, off of the main street. The

home was built in the late 1800's but has been totally updated and re-gutted many years ago to meet building code requirements. The home contains a living room, kitchen, kitchen nook, dining room, laundry room, eight bedrooms, three and a half bathrooms, and sitting room upstairs, and was built on a basement. The facility has public water and sewage through Port Sanilac.

Licensee Kimberly Lawler is purchasing the home on a land contract from Carol Lawler.

Carol's AFC Home has been continually licensed under Carol's Adult Foster Care license AM760278141 since April 16, 2007.

The furnace and hot water heater 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 located at top of the stairs. A new furnace was installed on October 22, 2019 and is fully operational. The Office of Fire Safety gave the facility an "A" rating on January 13, 2020 under License #AM760248141. 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 Northwest	19'2" X 10"	191.7 sq. feet	2
#2 Central Northwest	10' X 13' Plus 3'7" X 2'5"	138.67 sq. feet	1
#3 Central Southwest	10'1" X 12'11"	138.57 sq. feet	1
#4 Southwest	15'4" X 10' 2"	165.41 sq. feet	2
#5 Northeast	10' X 15'3"	152.5 sq. feet	2
#6 Southeast	11'3" X 11'8" Plus 2'4" X 4'9"	142.25.sq. feet	2
#7 East	13'3" X 10'2" Plus 5'3" X 2'1"	145.67 sq. feet	2

The living, dining, and sitting room areas measure a total of 662.35 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee'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 twelve (12) male or female ambulatory adults, 60 years or older, whose diagnosis is aged or Alzheimer's, in the least restrictive environment possible. The facility has two ramps from the exits and wheelchair users will be admitted. 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. Residents will be referred from hospitals, adult protective services, and nursing homes.

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 and family members 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 12-bed facility is adequate and includes a minimum of 1-staff-to-12 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 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 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

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 AFC adult medium group home (capacity 7-12).

Kathryn A. Huber

04/06/2020

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary E. Holton

04/06/2020

Mary E Holton
Area Manager

Date