



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 21, 2020

Eric McBean
McBean Transitional Care, LLC
1410 Lynton Avenue
Flint, MI 48507

RE: Application #: AS250405147
McBean - Carpenter Road Home
4181 E. Carpenter Rd.
Flint, MI 48506

Dear Mr. McBean:

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 #:	AS250405147
Applicant Name:	McBean Transitional Care, LLC
Applicant Address:	1410 Lynton Avenue Flint, MI 48507
Applicant Telephone #:	(810) 877-1814
Administrator/Licensee Designee:	Eric McBean
Name of Facility:	McBean- Carpenter Road Home
Facility Address:	4181 E. Carpenter Rd. Flint, MI 48506
Facility Telephone #:	(810) 265-7523
Application Date:	07/08/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/08/2020	Enrollment
07/13/2020	Application Incomplete Letter Sent afc 100
07/27/2020	Inspection Report Requested - Health Invoice No: 1030756
07/28/2020	Contact - Document Received 1326, i did not request the afc 100 that was typed in the event in error.
07/28/2020	File Transferred to Field Office Flint
08/11/2020	Application Incomplete Letter Sent
08/11/2020	Contact - Telephone call received Licensee Designee Eric McBean.
08/11/2020	Contact - Document Sent
08/12/2020	Contact - Document Received Special Certification Application, Warranty Deed, Christina McBean Record Clearance.
08/12/2020	SC-Application Received - Original
08/12/2020	SC-ORR Response Requested
08/18/2020	SC-ORR Response Received-Approval
08/18/2020	SC-Recommend MI and DD
08/25/2020	Inspection Completed-Env. Health: A
09/16/2020	Inspection Completed On-site
09/16/2020	Exit Conference
09/18/2020	Application Complete/On-site Needed
09/18/2020	Inspection Completed-BCAL Full Compliance
09/18/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

McBean – Carpenter Road Home is located at 4181 E. Carpenter Road, Flint in Genesee County. The physical plant is a two-level vinyl-sided structure with a full basement that is equipped with emergency egress windows. It consists of a living room, dining room, kitchen, laundry room, and three double-occupancy resident bedrooms. There is a separate restroom on the main level for staff and visitors. Each resident bedroom has a full bathroom with a toilet, sink and shower. The driveway has adequate parking for staff and visitors. The facility is not wheelchair accessible.

The furnace and hot water heater tanks are located in the basement in a 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device. The laundry room is located on the main level of the facility. 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 private water and private sewer system. The facility was inspected by the Genesee County Health Department on August 20, 2020. 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 #	Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1 (Main Level)	13' x 19'	247	2
Bedroom 2 (Upstairs Right)	11' x 19'	209	2
Bedroom 3 (Upstairs Left)	11' x 24'	264	2

The living, dining, and sitting room areas measure a total of 951 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** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, McBean Transitional Care LLC, 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 male ambulatory adults, 18 years of age and older, whose diagnosis is developmentally disabled and mentally impaired 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.

McBean Transitional Care LLC will ensure that the residents' transportation and medical needs are met. McBean Transitional Care LLC 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 July 8, 2020, McBean Transitional Care LLC submitted an application to provide foster care services to six adults at 4181 E. Carpenter Road, Flint, Michigan.

The applicant, McBean Transitional Care LLC, which is a "Michigan Nonprofit Corporation", was established in Michigan, on 01/21/2011. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of 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. The applicant has a board of directors that oversee the company.

McBean Transitional Care LLC submitted a written statement naming Eric McBean as the licensee designee and as the facility administrator. Eric McBean submitted a licensing record clearance request that was completed with no LEIN convictions recorded. Mr. McBean also submitted a medical clearance request with a statement from a physician documenting his good health and current TB-test negative results. Mr. McBean 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 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 1 staff 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.

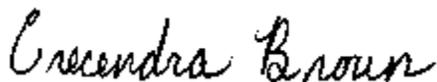
D. Rule/Statutory Violations

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

Choose one:

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



September 18, 2020

Crecendra Brown
Licensing Consultant

Date

Approved By:



September 21, 2020

Jerry Hendrick
Area Manager

Date