



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 12, 2020

Danell Alexander
2013 St. Clair Street
Port Huron, MI 48060

RE: Application #: AF740405024
Alexander AFC
2013 St. Clair Street
Port Huron, MI 48060

Dear Ms. Alexander:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1776

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF740405024
Licensee Name:	Danell Alexander
Licensee Address:	2013 St Clair Street Port Huron, MI 48060
Licensee Telephone #:	(810) 858-2932
Licensee Designee:	N/A
Name of Facility:	Alexander AFC
Facility Address:	2013 St Clair Street Port Huron, MI 48060
Facility Telephone #:	(810) 858-2932
Application Date:	07/12/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/12/2020	On-Line Enrollment
07/20/2020	PSOR on Address Completed
07/20/2020	Contact - Document Sent Rules booklet
07/30/2020	Contact - Document Received App; 1326 for Danell; AFC100 for Cynthia (RP)
08/03/2020	Lic. Unit file referred for background check review Cynthia - Self conf
08/17/2020	Contact - Document Received Licensing file received from Central office
09/03/2020	Application Incomplete Letter Sent
09/30/2020	Application Complete/On-site Needed
09/30/2020	Inspection Completed On-site
10/01/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a suburban community of Port Huron, east of I-94. The facility is a large colonial style home, with gray wood siding. The living and dining space in the home contains 522 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is not wheelchair accessible, with an interconnected smoke detection system with battery backup. The bedroom space is as follows:

Location	Dimensions	Square Footage	Capacity
Bedroom #1 (first floor)	7'6" x 16'4"	125 sq. ft.	1
Bedroom #2	19'9" x 15'2"	143 sq. ft.	3
Bedroom #3	10'2" x 7'6"	78 sq. ft.	1

Total capacity: 5

B. Program Description

The home intends to provide 24-hour supervision, protection, and personal care to five residents whose diagnoses are aged, or Alzheimer's. The program will include social interaction, personal hygiene care and transportation.

C. Applicant and Responsible Person Qualifications

The applicant Danell Alexander's licensing record clearance was completed with no LEIN convictions recorded for herself or the responsible person. Ms. Alexander and the responsible persons submitted medical clearances from a physician documenting their good health and current negative TB results.

Ms. Alexander has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside financial savings account.

Ms. Alexander acknowledges and understands the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five residents will be the responsibility of the family home applicant 24 hours a day, 7 days a week with the responsible person on call to provide supervision in relief.

Ms. Alexander acknowledges and understands the qualification requirements for the responsible person or volunteers providing care to residents in the home. Ms. Alexander acknowledged and understands it is her responsibility to assess the good moral character of employees and individuals who have regular, ongoing, direct access to residents or the resident information or both.

Technical assistance was given 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.

Ms. Alexander acknowledged and understands the administrative rules regarding medication procedures. In addition, Ms. Alexander has indicated that residents' medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Alexander acknowledges it is her responsibility to 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, Ms. Alexander acknowledges it is her responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Alexander acknowledged and understands the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. Ms. Alexander acknowledged and understands 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 written discharge notice.

Ms. Alexander acknowledges and understands the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. Ms. Alexander indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Alexander acknowledges and understands the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Alexander has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Alexander acknowledged and understands the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Alexander acknowledged it is her responsibility to obtain 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.

Ms. Alexander also acknowledges it is her 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.

Ms. Alexander was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of temporary original AFC license with a capacity of five residents.



10/8/2020

Roeiah Epps
Licensing Consultant

Date

Approved By:



10/12/2020

Denise Y. Nunn
Area Manager

Date