



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 13, 2020

Alfonzie Pipkins
Iyana's A.F.C. INC.
1117 Adams
Saginaw, MI 48602

RE: Application #: AS730398654
Iyana's A.F.C. INC.
1117 Adams
Saginaw, MI 48602

Dear Mr. Pipkins:

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 black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS730398654

Applicant Name: Iyana's A.F.C. INC.

Applicant Address: 1117 Adams
Saginaw, MI 48602

Applicant Telephone #: (989) 980-7899

Administrator/Licensee Designee: Alfonzie Pipkins

Name of Facility: Iyana's A.F.C. INC.

Facility Address: 1117 Adams
Saginaw, MI 48602

Facility Telephone #: (989) 980-7899

Application Date: 03/07/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

03/07/2019	Enrollment
03/07/2019	Contact - Document Received 1326, fps and afc 100
03/07/2019	Lic. Unit file referred for background check review FP his and ICHAt hit for alfonzie given to Dawn Campbell
03/08/2019	File Transferred to Field Office Saginaw
03/21/2019	Application Incomplete Letter Sent
01/13/2020	Application Complete/On-site Needed
01/24/2020	Inspection Completed On-site
01/24/2020	Inspection Completed-BCAL Sub. Compliance
02/18/2020	Inspection Completed-BCAL Full Compliance
08/13/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This 2-story, 1859 square foot 5 bedroom facility and is located at 1117 Adams Street, Saginaw, MI 48602. This facility also features a kitchen, living room, two full bathrooms and a laundry room area in the basement. There is a full bathroom located on both levels of this facility. The home is located within the city limits of Saginaw and is close to shopping, medical services, public services and public transportation if needed.

The hot water heater is located in the basement of the facility which is located off stairs from the kitchen. The basement is equipped with a self-closing "fire door" that is 1-3/4 inch steel door and is constructed of material that has a 1 hour and 20 minute fire resistance rating. The furnace has been recently inspected and approved by a licensed HVAC Technician. The facility is equipped with a battery-operated smoke detection system located in the sleeping areas, kitchen and in the basement.

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

Bedroom #	Room Dimensions	Total SqFt	Total Resident Beds
#1: Front SE (Main Floor)	8'3" x 14'8"	121.00	1

#2: Front NW (Main Floor)	8'1" x 14'8"	118.55	1
#3: Front SE (Main Floor)	9'1" x 11'4"	102.95	1
#4: SE (2 nd Floor)	14'1" x 15'8"	220.64	2
#5: SE (2 nd Floor)	12'4" x 11'1"	136.69	1

The living, dining, areas measure a total of 308.80 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The home has 1084 square feet of living space.

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. This home is not wheelchair accessible.

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 six male and/or female ambulatory adults whose diagnosis is Physically Handicapped, Developmentally Disabled, Aged, Mentally Impaired and Traumatically Brain Injured, 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. Residents will be referred from Community Mental Health, nursing homes, and hospitals.

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. 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 Alfonzie Pipkins. The applicant submitted a financial statement and established a monthly budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Alfonzie Pipkins is the Licensee and Administrator of the facility.

A licensing record clearance request was completed with no lien convictions recorded for the applicant. The applicant 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 6-bed facility is adequate and includes a minimum of 1 staff -to- 4 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), IdentoGo, 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

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 small group home (capacity 6).



08/13/2020

Anthony Humphrey
Licensing Consultant

Date

Approved By:



08/13/2020

Jerry Hendrick
Area Manager

Date