



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 6, 2020

Aba Hayford
Trinity Blessings LLC
PO Box 3605
Saginaw, MI 48605

RE: Application #: AS730403466
Trinity Blessings
650 Weadock
Saginaw, MI 48607

Dear Ms. Hayford:

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 (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 #:	AS730403466
Licensee Name:	Trinity Blessings LLC
Licensee Address:	3084 Janes St Saginaw, MI 48601
Licensee Telephone #:	(989) 501-3882
Administrator:	Aba Hayford
Licensee Designee:	Aba Hayford
Name of Facility:	Trinity Blessings
Facility Address:	650 Weadock Saginaw, MI 48607
Facility Telephone #:	(989) 501-3882
Application Date:	02/12/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/12/2020	On-Line Enrollment
02/12/2020	On-Line Application Incomplete Letter Sent 1326, RI030 for Aba & Laticia, AFC100 for Aba
02/13/2020	Contact - Document Sent 1326, RI030, AFC100
04/08/2020	Contact - Document Received 1326 & RI030 for Laticia & Aba, AFC100 for Aba
04/20/2020	Application Incomplete Letter Sent
09/30/2020	Inspection Completed On-site
09/30/2020	Inspection Completed-BCAL Sub. Compliance
10/29/2020	Inspection Completed On-site
10/29/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Trinity Blessings is located in the City of Saginaw. The property is owned by Mr. Roy Patton, who has given the licensee permission to operate the AFC on the premises. The home was previously licensed as Patton AFC from 12/10/1996 to 04/24/2017 (AF730074131), and then again as Sharays AFC II from 10/10/2018 to 01/31/2020 (AS730390291).

This facility is a two-story home. The main level of the home consists of a living room, a dining room, three bedrooms, and a full bathroom. Entry to the upstairs level of the home is accessed through the stairwell located in the living room as well as through the bedroom hallway located on the main floor. The upstairs level contains three additional bedrooms as well as a full bathroom. Only two will be utilized for residents while the third room has been designated as an office. In addition, there is a kitchen located on the upper level.

Through the bedroom hall on the main floor is the access to the back door and the basement level of the home. The basement has an open floor plan with no additional rooms.

The furnace and hot water heater are located in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The furnace unit was inspected and noted to be in good working order on 10/10/2020. 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. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Downstairs#1	17' X 13'	221 sq. feet	2
Downstairs #2	15' X 8'	120 sq. feet	1
Downstairs #3	13' X 10'	130 sq. feet	1
Upstairs #4	11' X 9'	99 sq. feet	1
Upstairs #4	15' X 10'	150 sq. feet	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of 900 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 **six (6)** 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 **six (6)** male or female ambulatory adults, ages 18 to 65, whose diagnosis is developmentally disabled, mentally impaired, or aged in the least restrictive environment possible. Wheelchair users will not be accepted. 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, community mental health 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 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. Rule/Statutory Violations

The applicant is Trinity Blessings L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/04/2018. 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 Board of Directors of Trinity Blessings L.L.C. has submitted documentation appointing Aba Hayford as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the Ms. Hayford, licensee designee and the administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee/administrator 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 six-bed facility is adequate and includes a minimum of 1-staff-to 6 residents per shift, depending on the needs of the residents more staff may be required. 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 small group home (capacity 1-6).

Kathryn Huber

11/06/2020

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

11/06/2020

Denise Y. Nunn
Area Manager

Date