



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

November 12, 2020

Antuan Davis
2312 Phoenix St
Saginaw, MI 48601

RE: Application #:	AF730404253 House of Care 2312 Phoenix St Saginaw, MI 48601
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Dear Mr. Davis:

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 4 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,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF730404253
Applicant Name:	Antuan Davis
Applicant Address:	2312 Phoenix St Saginaw, MI 48601
Applicant Telephone #:	810-890-1086
Administrator/Licensee Designee:	N/A
Name of Facility:	House of Care
Facility Address:	2312 Phoenix St Saginaw, MI 48601
Facility Telephone #:	(989) 890-1086
Application Date:	03/26/2020
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS

II. METHODOLOGY

03/26/2020	Enrollment
04/08/2020	Application Incomplete Letter Sent \$20.00 fee. Completed portions of highlighted application, 1326, RI030, AFC100, Tax ID letter
04/08/2020	Contact - Document Sent 1326, RI030, AFC100
04/08/2020	PSOR on Address Completed
04/23/2020	Contact - Document Received Updated application, \$20.00 fee (Check# 209079349908), Tax ID Letter
06/17/2020	Contact - Document Received AFC100
06/19/2020	Comment Fingerprints completed were for HFA, will need to get fingerprints for AFC completed
07/08/2020	Contact - Document Received 1326, RI030, AFC100
07/28/2020	Application Incomplete Letter Sent Sent via email to licensee.
08/28/2020	Inspection Completed On-site
08/28/2020	Inspection Completed-BCAL Sub. Compliance
09/02/2020	Application Incomplete Letter Sent
09/30/2020	Lic. Unit file referred for background check review ICHAT for Vanita, referred to CPilarski for review
11/02/2020	Application Complete/On-site Needed
11/04/2020	Inspection Completed On-site
11/04/2020	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The House of Care facility is a single family home located at 2312 Phoenix St. Saginaw, MI 48601. The home is situated west of the Interstate I-75 Buena Vista exit, and south of I-675. The home is located inside the city of Saginaw, in Saginaw County. The home is a two-story home with a full basement, a shingled roof and vinyl siding. The property is owned by Antuan Davis.

The main level of the home consists of a living room, dining room, two bedrooms, a bathroom, and a kitchen. The upstairs includes a sitting area and a bedroom. There are two exits from the home, both a front door in the living room area and a side door at the top of the basement steps. The licensee resides in the basement.

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 at the top of the basement stairs. The facility is equipped battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the (basement) near the furnace. Fire extinguishers are installed on each floor of the home. The furnace was inspected on 08/10/2020 by S & J Heating and Cooling and was determined to be 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	12ft. X 9ft. 3 ½ in	111.5 sq. ft.	1
2-South West	(11ft. X 9ft. 9in.) - (7ft.11in. X 2ft. 1in.)	90.8 sq. ft.	1
3-East upstairs	14ft.4in. X 11ft.	157.7 sq ft	2

The living, dining, and sitting room areas measure a total of 280.6 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 **four** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four ambulatory residents, whose diagnosis is developmentally disabled, mentally ill,

and Alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Rule/Statutory Violations

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

The applicant(s) have 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 employment.

The applicant acknowledges the understanding of 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 (4) 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.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding 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.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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.

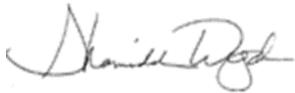
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant 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.

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 adult foster care family home (capacity 4).

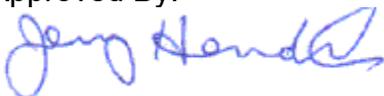


11/12/2020

Shamidah Wyden
Licensing Consultant

Date

Approved By:



11/12/2020

Jerry Hendrick
Area Manager

Date