



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 8, 2021

Lena Redmond  
2517 Prospect St  
Flint, MI 48504

RE: Application #: AS250399329  
A Host of Love  
1382 E. Downey Ave.  
Flint, MI 48505

Dear Lena Redmond:

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 3 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**

<b>License #:</b>	AS250399329
<b>Applicant Name:</b>	Lena Redmond
<b>Applicant Address:</b>	1382 E. Downey Ave. Flint, MI 48505
<b>Applicant Telephone #:</b>	(810) 625-2163
<b>Administrator/Licensee Designee:</b>	Lena Redmond
<b>Name of Facility:</b>	A Host of Love
<b>Facility Address:</b>	1382 E. Downey Ave. Flint, MI 48505
<b>Facility Telephone #:</b>	(810) 785-8608
<b>Application Date:</b>	04/12/2019
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

04/12/2019	Enrollment
04/18/2019	Contact - Document Received AFC 100, 1326, RI-030
06/18/2019	Application Incomplete Letter Sent
07/15/2020	Contact - Telephone call received. Designee called and said she will be mailing in paperwork.
07/28/2020	Contact - Document Received Quit Claim Deed, TB Test, Physical, Program Statement, House Rules, Refund Policy, Admission Policy, Discharge Policy, CPR Training, First Aid Training, Rights Training, Prevention of Disease Training, Fire Safety Training, Nutrition Training, 1 year of Experience w/ Population, Nutrition, Organization Chart, Staffing Pattern, Routine Procedures.
07/28/2020	Contact - Document Sent Emailed Licensee about documents needed.
08/11/2020	Contact - Document Received Personnel Policies, Job Descriptions, Proposed Budget, Credit Report and Medication Training.
11/05/2020	Inspection Completed On-site
12/09/2020	Contact - Telephone call made. Phone Conference w/Licensee Redmond and Area Manager Mary Holton.
12/21/2020	Contact - Document Received Email from Lena Redmond requesting a 2nd Onsite Inspection.
12/21/2020	Contact - Document Sent Emailed Ms. confirming letter.
12/21/2020	Contact - Document Received Received a fax from Lena Redmond.
12/21/2020	Contact - Telephone call received. Lena Redmond called to inform me of the fax she sent.
12/30/2020	Contact - Document Sent Scheduled 2nd Onsite with Ms. Redmond for January 14, 2021.
01/14/2021	Inspection Completed On-site

01/14/2021	Further compliance requested. Inspection Completed-Env. Health: A
01/26/2021	Application Complete/On-site Needed
01/26/2021	Inspection Completed-BCAL Full Compliance
01/26/2021	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

A Host of Love is a three-bedroom home located at 1382 E. Downey Avenue, Flint, MI 48505. The home is located in a neighborhood setting, in proximity to stores, recreational centers and hospitals. The physical plant is a one-story vinyl-sided structure with a walkout basement. It consists of a living room, dining room, kitchen, lower-level family room and three single occupancy resident bedrooms. There is a full bathroom on the main floor and a bathroom with a shower in the lower level of the home. The facility is a ranch with a walkout basement. The resident bedrooms are located on the upper floor. Each bedroom has a closet. The facility has adequate storage areas. The driveway has adequate parking for staff. The facility is not wheelchair accessible. The property is owned by the applicant, Licensee Lena Redmond.

The furnace and hot water heater are located in the lower-level of the home 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 in the lower level of the home. 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. A furnace inspection was completed on September 9, 2020. The furnace was found to be operating in safe and good condition with no signs of carbon monoxide.

The facility has a public well and sewer system. 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 #	Room Dimensions	Total Square Footage	Total Resident Beds
All Bedrooms on 2 <sup>nd</sup> Floor			

Bedroom 1	13'2" x 9'3"	123	1
Bedroom 2	9'1" x 13'3"	121	1
Bedroom 3	8'0" x 10'0"	80	1

The living, dining, and sitting room areas measure a total of 628 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 **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant, Lena Redmond, 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 three (3) male ambulatory adults, 21 - 99 years of age and older, whose diagnosis is aged and developmentally disabled 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.

Lena Redmond will ensure that the resident's transportation and medical needs are met. Lena Redmond 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 April 12, 2019, Lena Redmond submitted an application to provide foster care services to three adults at 1382 E. Downey Avenue, Flint, 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.

Lena Redmond submitted a licensing record clearance request that was completed and approved. Lena Redmond also submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results. Lena Redmond 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 three-bed facility is adequate and includes a minimum of 1 staff to 3 residents per shift. All staff shall be awake during sleeping hours. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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 1 to 3 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](http://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**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-3).

*Crecendra Brown*

February 8, 2021

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Crecendra Brown  
Licensing Consultant

Date

Approved By:

*Mary Holton*

February 8, 2021

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Mary E Holton  
Area Manager

Date