



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 9, 2021

Eric Waller II
Laurel Heights AFC, LLC
3192 Bridle Path
Flint, MI 48507

RE: Application #: AS250405808
Laurel Heights AFC
1253 Dyemeadow Ln
Flint, MI 48532

Dear Mr. Waller II:

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 (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

License #:	AS250405808
Licensee Name:	Laurel Heights AFC, LLC
Licensee Address:	1253 Dyemeadow Ln Flint, MI 48532
Licensee Telephone #:	(810) 877-8788
Administrator/Licensee Designee:	Administrator Keishia Wilson Licensee Designee Eric Waller II
Name of Facility:	Laurel Heights AFC
Facility Address:	1253 Dyemeadow Ln Flint, MI 48532
Facility Telephone #:	(810) 877-8788
Application Date:	09/15/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

09/15/2020	On-Line Enrollment
09/15/2020	On-Line Application Incomplete Letter Sent 1326, RI030, AFC100
09/16/2020	Contact - Document Sent 1326, RI030, AFC100
10/14/2020	Contact - Document Received afc 100, 1326, ri030
10/14/2020	File Transferred to Field Office Flint
10/28/2020	Application Incomplete Letter Sent
11/09/2020	Contact - Document Received Admission Policy, Job Descript, Staff Patterns, Lease Agreement, Discharge Policy, Financial Statement, Permission to Inspect, Eric TB test, Eric Physical, Budget, Org. Chart, Personnel Policies.
12/15/2020	Contact - Document Received Furnace Inspection.
01/14/2021	Inspection Completed On-site
01/14/2021	Exit Conference
01/14/2021	Inspection Completed-Env. Health: A
03/02/2021	Application Complete/On-site Needed
03/02/2021	Inspection Completed-BCAL Full Compliance
03/09/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Laurel Heights AFC is located at 1253 Dyemeadow Lane, Flint, MI in Genesee County. The physical plant is a one-story vinyl and brick-sided structure with a basement. It consists of a living room, family room, dining room, kitchen, one full bathroom, one half bathroom, one double-occupancy resident bedroom and three single-occupancy resident bedrooms. All resident bedrooms and bathrooms are located on the main level of the home. The driveway has adequate parking for staff and visitors. The facility is wheelchair accessible. The home is owned by Regina Waller and leased by Waller Enterprises; a domestic limited liability company owned by Licensee Designee Eric Waller II.

The laundry room, furnace and hot water heater are located in the basement. The basement is equipped with a 1¾ inch solid core door equipped with an automatic self-closing device. 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 January 6, 2021. The furnace was found to be operating in safe and good condition with no signs of carbon monoxide.

The facility has a public water and public sewer system. The facility is also connected to the municipal water supply. 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
Bedroom 1	16' x 11'	176	2
Bedroom 2	10' x 11'	110	1
Bedroom 3	10' x 10'	100	1
Bedroom 4	11' x 10'	110	1

The living and dining room areas measure a total of 600 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 facility is of standard lathe and plaster finish or equivalent in all occupied

areas. The home meets the environmental and interior finish requirements of rules R400.15401, 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 **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Laurel Heights AFC, LLC, 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 five (5) male or female ambulatory adults, 50 – 99 years old, whose diagnosis is developmentally disabled and/or aged 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.

Laurel Heights AFC, LLC will ensure that the resident's transportation and medical needs are met. Laurel Heights AFC, LLC 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 September 15, 2020, Laurel Heights AFC, LLC submitted an application to provide foster care services to five adults at 1253 Dyemeadow Lane, Flint, Michigan.

The applicant, Laurel Heights AFC, LLC, which is a "Michigan Domestic Limited Liability Company", was established in Michigan, on 09/19/2016. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of 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. The applicant has a board of directors that oversee the company.

Laurel Heights AFC, LLC submitted a written statement naming Eric Waller II as the licensee designee and Keishia Wilson as the facility administrator. Eric Waller II and Keishia Wilson submitted a licensing record clearance request that was completed with no LEIN convictions recorded. They also submitted a medical clearance request with statements from a physician documenting their good health and current TB-test negative results. Eric Waller II and Keishia Wilson have 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 5-bed facility is adequate and includes a minimum of 1 staff to 5 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 1 to 5 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), 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.

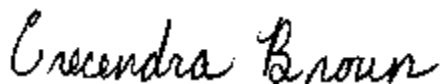
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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 3-5).

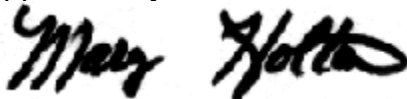


March 9, 2021

Crecendra Brown
Licensing Consultant

Date

Approved By:



March 9, 2021

Mary E Holton
Area Manager

Date