



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 26, 2021

Charles Boadway
Audrey's Angels LLC
208 E 1st St
Imlay City, MI 48444

RE: Application #:	AS440407133 AUDREY'S ANGELS 208 E 1st St Imlay City, MI 48444
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Dear Mr. Boadway:

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,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440407133
Licensee Name:	Audrey's Angels LLC
Licensee Address:	208 E 1st St Imlay City, MI 48444
Licensee Telephone #:	(810) 721-0065
Administrator/Licensee Designee:	Charles Boadway
Name of Facility:	AUDREY'S ANGELS
Facility Address:	208 E 1st St Imlay City, MI 48444
Facility Telephone #:	(810) 721-0065
Application Date:	01/29/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

01/29/2021	On-Line Enrollment
02/04/2021	Contact - Document Sent forms sent.
02/08/2021	Application Incomplete Letter Sent Emailed to licensee designee, Audrey Woock.
02/08/2021	Contact - Telephone call made I scheduled the 1st onsite inspection at this facility.
02/12/2021	Contact - Document Sent I emailed the licensee the resident forms.
02/12/2021	Contact - Document Sent I emailed the licensee the AFC-100 and asked her to complete it and email it to Mercedes Villarreal.
02/12/2021	Contact - Document Sent I emailed the licensee some forms that she may find helpful.
02/16/2021	Contact - Document Received The licensee sent me the AFC-100 which I forwarded on for review.
03/03/2021	Contact - Document Received Documentation received from licensee.
03/03/2021	Inspection Completed On-site
03/04/2021	Inspection Completed-BCAL Full Compliance
03/04/2021	Application Incomplete Letter Sent 2nd incomplete app letter
03/10/2021	Contact - Telephone call made I spoke to Ms. Woock about her application. She said that she is going to name Charles Boadway as the licensee designee and administrator.
03/10/2021	Contact - Document Received I spoke to Charles Boadway who confirmed that he has agreed to be the licensee designee and administrator for this facility. I told him I will send him the necessary paperwork to take on these rolls
03/17/2021	Application Incomplete Letter Sent

	3rd incomplete app letter emailed to applicant and licensee designee.
03/18/2021	Contact - Telephone call received Ms. Woock called me back in response to my messages.
03/22/2021	Application Incomplete Letter Sent 4th incomplete application letter sent.
03/24/2021	Application Complete/On-site Needed
03/26/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Audrey's Angels Adult Foster Care facility is located at 208 East 1st Street, Imlay City, in Lapeer County. This home is currently licensed as a group home, Heatherton Place Retirement Center, under license number AS440366026. The current licensees, Earl and Louisea Gass own the property but have entered into a management agreement with the applicant, Audrey Woock. Mr. and Mrs. Gass have provided their approval for the Department to inspect the property and for Audrey's Angels LLC to operate an Adult Foster Care facility at this address. The facility is connected to the public water and sewage system.

Audrey's Angels AFC is a ranch-style, wheelchair accessible facility with no steps or inclines at any of the entrances/exits. The facility has 6 private bedrooms including fully equipped private bathrooms attached to each bedroom. All bedrooms are fully furnished, and all bathrooms include safety bars in the shower areas and near the toilets. All bedrooms have sliding glass egress doors which provide for private entrances/exits. However, there are still 2 separate and independent means of egress in the facility equipped with positive latching, non-locking-against-egress hardware. There is a bedroom with attached bathroom off the kitchen, at the south end of the facility. This area is not intended for resident use and will be used to accommodate overnight staff.

This facility is equipped with one hot water heater and two furnaces which are located on the main floor of the facility. One furnace is in one of the resident bedrooms while the other furnace and hot water heater are in the southeast hallway. Both heating plant areas are surrounded by an enclosure that has a 1-hour fire-resistance rating including a 1-3/4-inch solid core door equipped with automatic self-closing devices and positive latching hardware. On 2/02/21 and 02/04/20, the furnaces and hot water heaters were inspected by Jack's Heating and Cooling and were deemed in good working order. There is no basement. The facility is equipped with an interconnected, hardwire smoke

detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	15'8" x 11'6"	180	1
#2	13'11" x 11'7"	161	1
#3	16' x 18'9"	300	1
#4	15'8" x 11'7"	181	1
#5	13'9" x 11'7"	159	1
#6	16' x 18'9"	300	1

The living and dining room areas measure a total of 504 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents.

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 whose diagnosis is aged, and/or physically handicapped 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 local agencies including the Department of Health and Human Services, area agencies on aging, home health agencies, etc.

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 ensure that the residents' medical needs are met and will assist residents with finding transportation. 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. Licensee Designee and Administrator Qualifications

The applicant is Audrey's Angels, LLC which is a Domestic Limited Liability Company established in Michigan on 01/21/21. 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, Audrey's Angels, LLC has named Charles Boadway as the licensee designee and administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6-residents per shift. Staff need not remain awake during the nighttime shift but will ensure resident's needs are met.

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 Identigo website (www.identigo.com) by MorphoTrust USA 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 her 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 her 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 her 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 her 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 her 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 her 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 her 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. 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 with a capacity of 6.

Susan Hutchinson

March 26, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

March 26, 2021

Mary E Holton Area Manager	Date
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