



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 7, 2021

Lisa Hanson
AIM TO PLEASE HOME CARE INC
2077 Mill Road
Flint, MI 48532

RE: Application #: AS250404295
Redbarn Home
3220 Redbarn Road
Flint, MI 48507

Dear Ms. Hanson:

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 and special certification 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 "Kent W Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250404295

Applicant Name: AIM TO PLEASE HOME CARE INC

Applicant Address: 2077 Mill Road
Flint, MI 48532

Applicant Telephone #: (810) 339-6841

Licensee Designee: Lisa Hanson

Administrator: Lisa Hanson

Name of Facility: Redbarn Home

Facility Address: 3220 Redbarn Road
Flint, MI 48507

Facility Telephone #: (810) 336-7958

Application Date: 04/06/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

04/06/2020	Enrollment
04/14/2020	Application Incomplete Letter Sent 1326, ri030, signed app, NEW fps.
04/28/2020	Contact - Document Received 1326, RI030
12/09/2020	Application Incomplete Letter Sent
03/30/2021	SC-ORR Response Requested
03/30/2021	SC-ORR Response Received-Approval
03/30/2021	Application Complete/On-site Needed
03/31/2021	SC-Inspection Completed On-Site
03/31/2021	SC-Inspection Full Compliance
03/31/2021	Inspection Completed On-site
03/31/2021	Inspection Completed-BCAL Full Compliance
04/07/2021	SC-Recommend MI and DD
04/07/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story, ranch-style home located in Flint, Michigan. This facility is owned by Lisa Hanson, the proposed Licensee Designee. This facility is within a short traveling distance of several community resources and businesses. This facility is not wheelchair accessible. The hot water heater and furnace are located in the basement of this facility with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The furnace and hot water heater were inspected on 11/15/2020 and are in good working order. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Location	Dimensions	Square footage	Total Capacity
Bedroom #1	14'X14'	196 sq. ft.	2 beds
Bedroom #2	15'X14'	210 sq. ft.	2 beds
Bedroom #3	17'X14'	238 sq. ft.	2 beds

The living, dining, and sitting room areas measure a total of 670 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This facility has a laundry area adequate for six residents. This facility contains two full bathrooms on the main level with the resident bedrooms. Based on the above information, it is concluded that this facility can accommodate six residents. It is the applicant'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 male or female ambulatory adults, age 18-65 whose diagnosis is developmentally disabled, mentally ill, and 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. 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 applicant 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. Applicant and Administrator Qualifications

The applicant is AIM TO PLEASE HOME CARE INC. The board has designated Lisa Hanson to be the licensee designee and administrator. 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.

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

The applicant 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 6-bed facility is adequate and includes a minimum of 1 staff – to- 6 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 –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 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 applicant, 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 applicant, 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 and special certification to this adult foster care small group home with a capacity of 6 residents.



4/7/21

Kent W Gieselman
Licensing Consultant

Date

Approved By:



4/7/21

Mary E Holton
Area Manager

Date