



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 22, 2021

Fatima Mayo
813 S. Bond St
Saginaw, MI 48601

RE: Application #: AS730409293
A Place Called Home 2
2810 Hampshire
Saginaw, MI 48601

Dear Ms. Mayo:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730409293
Licensee Name:	Fatima Mayo
Licensee Address:	813 S. Bond St Saginaw, MI 48601
Licensee Telephone #:	(989) 482-8989
Administrator:	Fatima Mayo
Licensee:	Fatima Mayo
Name of Facility:	A Place Called Home 2
Facility Address:	2810 Hampshire Saginaw, MI 48601
Facility Telephone #:	(989) 482-8989
Application Date:	06/29/2021
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/29/2021	On-Line Enrollment
07/02/2021	Contact - Document Received 1326, RI030, AFC100
08/05/2021	Application Incomplete Letter Sent
09/09/2021	Inspection Completed On-site
09/20/2021	Application Complete/On-site Needed
09/13/2021	Inspection Completed-BCAL Full Compliance
09/20/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

A Place Called Home 2 is located in the City of Saginaw, Michigan 48601. This is a vinyl sided ranch style house built on a basement. The facility contains a living room, dining room, kitchen, full bathroom and three bedrooms. Each bedroom contains a closet. A Place Called Home 2 has central air conditioning. There is ample parking in the driveway and on the street in front of the facility. The property is owned by Latesha Henley and is being leased to the applicant, Licensee Fatima Mayo. The owner has agreed to allow Licensee Mayo to operate an adult foster care facility.

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 located at the top of the stairs. A furnace inspection was completed on July 8, 2021 and was determined to be fully operational. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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
#1	8' X 10.25	82 sq. feet	1
#2	11.33 X 11.9	135 sq. feet	2
#3	9.91 X 93.2	93.2 sq. feet	1

The living, dining, and sitting room areas measure a total of 391 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 (4) residents. It is the licensee'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 four (4) male or female ambulatory adults 18-99 years of age, whose diagnosis is developmentally disabled, mentally impaired, or aged, in the least restrictive environment possible. Wheelchair users will not be admitted. 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 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.

Fatima Mayo will ensure that the resident's transportation and medical needs are met. Fatima Mayo 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. Rule/Statutory Violations

On June 29, 2021, Fatima Mayo submitted an application to provide foster care services to four adults at 2810 Hampshire, Saginaw, Michigan.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

Fatima Mayo submitted a licensing record clearance request that was completed and approved. Fatima Mayo also submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. Fatima Mayo 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 1 staff to 4 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 4 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 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 the issuance of a temporary license to this adult foster care small group home (capacity 1-4).

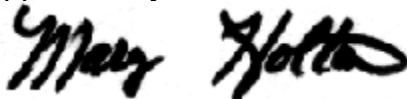


09/20/2021

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



09/22/2021

Mary E Holton
Area Manager

Date