



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

April 8, 2022

Laura and Alexis Brosius
5845 Lum Rd
ATTICA, MI 48412

RE: Application #:	AF440410099 Angelic Gardens 5845 Lum Rd Attica, MI 48412
--------------------	---

Dear Mrs. and Mr. Brosius:

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 (906) 226-4171.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF440410099
Licensee Name:	Laura and Alexis Brosius
Licensee Address:	5845 Lum Rd ATTICA, MI 48412
Licensee Telephone #:	(810) 357-6730
Administrator/Licensee Designee:	N/A
Name of Facility:	Angelic Gardens
Facility Address:	5845 Lum Rd Attica, MI 48412
Facility Telephone #:	(810) 721-2378
Application Date:	08/26/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/26/2021	On-Line Enrollment
08/26/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for Laura & Alexis, AFC100 for Kenzie, Glorivee, & Kelly
08/27/2021	Contact - Document Sent 1326, RI030, AFC100
08/30/2021	Inspection Report Requested - Health Invoice No : 1031904
09/13/2021	Contact - Document Received Copy of App, 1326 & RI030 for Alexis & Laura, AFC100 for Kenzie, Kelly & Glorivee
09/13/2021	Comment SOS needs to be updated
10/12/2021	Application Incomplete Letter Sent Via email
10/19/2021	Contact - Document Received Additional documentation received from licensee
11/02/2021	Application Incomplete Letter Sent
11/23/2021	Inspection Completed On-site
11/23/2021	Inspection Completed-BCAL Sub. Compliance
12/01/2021	Inspection Report Requested - Health
12/15/2021	Inspection Completed-Env. Health: A
01/12/2022	Application Complete – On-site Needed.
01/12/2022	Inspection Completed-BCAL Full Compliance
04/08/2022	Documentation received
04/08/2022	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Angelic Gardens Adult Foster Care home is located at 5845 Lum Road in the city of Attica, Township of Arcadia, Michigan. It is a ranch-style home in a rural area with a fully finished, walk-out basement. The main floor of the facility is intended for resident's use. The basement contains the licensees' living quarters as well as the furnace, two hot water heaters, a laundry room, and a full kitchen. The licensees also have a natural gas fireplace in the basement that is vented directly to the outside. The licensee had the fireplace inspected in January 2022 and was deemed unsafe. Therefore, on 04/08/22, a service technician from Emmett's Energy disabled the fireplace and rendered it unusable until they are able to secure the necessary parts and install them in the fireplace. I obtained documentation from Emmett's Energy saying as such as well as pictures from the licensee demonstrating that she has placed signs on the fireplace that it is not to be used. The licensee acknowledges that she is not able to use the fireplace until it has been fixed, reinspected, and determined safe by a qualified inspection company. The home sits on a large parcel of land with a pole barn and a pond which is approximately 75 feet away from the home.

The main floor of the home has five bedrooms, a living room, kitchen, dining room, laundry area, as well as two full bathrooms and one ½ bathroom. One of the full bathrooms is attached to a bedroom and both are intended for live-in-staff only. The full resident bathroom is equipped with safety bars in the shower area and near the toilet. The ½ bathroom is available for residents, staff, and visitors. The laundry area is off the kitchen hallway. The washer and dryer are encased behind bifold doors, and the dryer is equipped with a solid metal vent which is vented directly to the outside.

The home has three independent means of egress. The first egress door is located at the front of the home, with steps leading to a walkway and then the driveway. The second egress door is through the garage and contains a handicapped ramp. The third egress is located off the dining room and has sliding glass doors, with a deck and steps leading to the back of the property. There are evacuation plans posted in the kitchen and hallway near the resident bedrooms. Since this home has a wheelchair ramp at one of the primary means of egress, this home is considered wheelchair accessible.

This home is currently licensed as a family home under license #AF440248699. The current licensee, LeeAnn Velez, has sold the home and is retiring from the Adult Foster Care business. I obtained a copy of the warranty deed dated 10/08/21. This deed conveys the home and property from LeeAnn Velez to Laura and Alexis Brosius.

The furnace and two hot water heaters are located in the basement with a 1-3/4-inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected smoke detection system with battery back-up which is fully operational. Smoke detectors are located near the sleeping areas, kitchen, living room and hallway

as well as the basement. There is a fire extinguisher located on each floor of the facility. The furnace and hot water heaters were inspected by Michigan Heating, Cooling & Plumbing on 11/02/21 and were found to be in good working condition.

This home has private water and sewer. The Lapeer County Health Department inspected the property on 12/15/21 and gave the facility an "A" rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'8" x 11'11"	175 sq. feet	1
2	11'10"x 14'8"	174 sq. feet	2
3	11'8"x 12'4"	144 sq. feet	1
4	15'x12'5"	186 sq. feet	2

The living and dining room areas measure a total of 537 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents aged 18 to 99, whose diagnosis is Alzheimer's, aged, physically handicapped, mentally ill, and/or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants. The applicants and responsible person submitted a medical

clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents, savings and/or available cash, and outside employment.

The applicants acknowledge the understanding of the requirement of an adult foster care family home is that the licensees reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicants 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicants acknowledge an understanding of the qualification requirements for the responsible person, employees, or volunteers providing care to residents in the home.

The applicants 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 website www.miltcpartnership.org, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the applicants have 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 applicants acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensees, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The applicants acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicants acknowledge an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicants have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicants acknowledge their responsibility to obtain 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 applicants acknowledge 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.

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

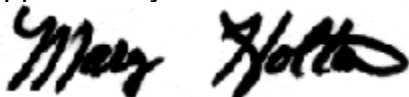
I recommend issuance of a temporary license to this adult foster care family home with a maximum capacity of 6.



April 8, 2022

Susan Hutchinson Licensing Consultant	Date
--	------

Approved By:



April 8, 2022

Mary E Holton Area Manager	Date
-------------------------------	------