



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 28, 2022

Shawn Hawkins
Hawkins, Shawn
609 Stone Creek Pass
Clio, MI 48420

RE: Application #: AS250408568
Stone Creek Manor
609 Stone Creek Pass
Clio, MI 48420

Dear Ms. Hawkins:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250408568
Licensee Name:	Hawkins, Shawn
Licensee Address:	609 Stone Creek Pass Clio, MI 48420
Licensee Telephone #:	(810) 687-2855
Licensee Designee:	Shawn Hawkins
Administrator:	Shawn Hawkins
Name of Facility:	Stone Creek Manor
Facility Address:	609 Stone Creek Pass Clio, MI 48420
Facility Telephone #:	(810) 687-2855
Application Date:	05/08/2021
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/08/2021	On-Line Enrollment
05/08/2021	SC-Application Received - Original
05/10/2021	Contact - Document Sent 1326, AFC100, RI030
05/17/2021	Contact - Document Received 1326, RI030 for Shawn, AFC100 for Marie, Tax ID Letter
05/24/2021	Application Incomplete Letter Sent
03/22/2022	Contact - Document Sent Email sent to Shawn inquiring about readiness for an inspection.
04/01/2022	Application Complete/On-site Needed
04/01/2022	SC-ORR Response Requested
04/12/2022	SC-ORR Response Received-Approval
04/28/2022	SC-Inspection Completed On-Site
04/28/2022	SC-Inspection Full Compliance
04/28/2022	SC-Recommend MI and DD
04/28/2022	Inspection Completed On-site
04/28/2022	Inspection Completed-BCAL Full Compliance
04/28/2022	Exit Conference Exit conference with Shawn Hawkins, licensee.
04/28/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-story home located in Clio, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is not wheelchair accessible. This facility utilizes public utilities.

The hot water heater and furnace 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

in rooms that is constructed of material that has a 1-hour-fire-resistance rating. 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 furnace was inspected on 4/12/22 and is in good working order.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	13'X10'	130 sq. ft.	2
Bedroom #2	11' X 9'	99 sq. ft.	1
Bedroom #3	14' X 13'	182 sq. ft.	2
Total Capacity = 5 residents			

There are two full bathrooms for resident use on the same level as the resident bedrooms. The living room area measures 306 sq. ft. and the dining room contains a table and five chairs with room to serve five residents. The laundry area is located on the ground level of this facility and is adequate to serve the needs of five residents.

Based on the above information, it is concluded that this facility can accommodate five (5) 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 **five (5)** male or female adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped or aged 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 Shawn Hawkins. Ms. Hawkins has operated this facility as a family home with a license number of AF250248959 which was issued on 10/15/02. 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.

Shawn Hawkins is the proposed licensee and administrator for the license. Ms. Hawkins has submitted documentation to demonstrate that her experience meets the requirements for licensee designee and administrator.

A licensing record clearance request was completed with no criminal convictions recorded for Ms. Hawkins. Ms. Hawkins 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 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-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 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 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 applicable administrative rules related to the physical plant has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).



4/28/2022

Kent W Gieselman
Licensing Consultant

Date

Approved By:



4/28/2022

Mary E Holton
Area Manager

Date