

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 29, 2022

Kari Herman 805 W. Midland Rd. Auburn, MI 48611

RE: Application #: AF090411663
Welcome Home Senior Living
805 W. Midland Rd.
Auburn, MI 48611

Dear Ms. Herman:

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) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant Bureau of Community and Health Systems

411 Genesee P.O. Box 5070 Saginaw, MI 48607 989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF090411663	
Licensee Name:	Kari Herman	
Licensee Address:	805 W. Midland Rd.	
	Auburn, MI 48611	
Licensee Telephone #:	(989) 941-1184	
Administrator/Licensee Designee:	N/A	
N 65 114	W. I	
Name of Facility:	Welcome Home Senior Living	
Encility Address:	OOE W. Midland Dd	
Facility Address:	805 W. Midland Rd.	
	Auburn, MI 48611	
Facility Telephone #:	(989) 941-1184	
Tuomity Tolophono II.	(000) 011 1101	
Application Date:	02/06/2022	
Capacity:	6	
Program Type:	AGED	

II. METHODOLOGY

02/06/2022	On-Line Enrollment	
02/08/2022	Inspection Report Requested - Health 1032392	
02/28/2022	Contact - Document Received Revised application, AFC 100 for Parker Wray & AFC 100/RI 030 for Kari Herman	
02/28/2022	PSOR on Address Completed	
02/28/2022	Application Incomplete Letter Sent 1326 form for Kari Herman	
04/04/2022	Contact - Document Received 1326 for Kari Herman	
04/06/2022	File Transferred to Field Office Flint via SharePoint	
04/18/2022	Application Incomplete Letter Sent Application Incomplete letter sent via email.	
09/22/2022	Inspection Completed On-site	
09/29/2022	Inspection Completed-BCAL Full Compliance	
09/29/2022	Recommend License Issuance	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 805 W. Midland Rd. Auburn, MI 48611 is owned by Kari Herman. Welcome Home Senior Living is a home located several blocks northeast of the Garfield Road exit off MI-10 in the city of Auburn. The facility was previously licensed as Rose Gate Adult Foster Care Home (AM090016073) and Rose Gate AFC Home (AM090391935). The facility is a two-story home with stone and vinyl siding. The interior of the facility includes four bedrooms, two sitting areas, a dining room, kitchen, two full bathrooms, a laundry room, and basement. The upstairs consists of a bedroom and bathroom that is not accessible to the residents as this is the licensee's living area. The home is close to a local shopping center and restaurants.

The home is wheelchair accessible with a ramp in the front and back of the home.

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 top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A furnace inspection was completed on 10/01/2022 by Advance Heating & Cooling and was found to be in satisfactory running order. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-NW	15ft 6in x 11ft 1 in	171.8	2
2-SW	23ft 4in x 13ft 2in-	290.56	2
	16ft x 1ft ½ in		
3-NE	13ft 3 in x 11ft 9	138.25	1
	in-1 ft 9in x 10ft		
4-SE	10ft 7in x 9ft 6 in +	131.68	1
	7ft 4in x4ft 7in -1ft		
	3 in x 2ft		

The living, dining, and sitting room areas measure a total of 541.2 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(s) intends to provide 24-hour supervision, protection, and personal care to six (6) male or female residents who are aged, ages 60-99 in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. Residents will be referred from social media, local hospitals, and the Midland Public Guardian office.

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 applicant (s). The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant(s) have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with savings.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides 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 applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have <u>regular</u>, <u>ongoing</u>, "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 (<u>www.miltcpartnership.org</u>), L-1 Identity SolutionsTM (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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has 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 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 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.

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 to this adult foster care family home (capacity 1-6).

09/29/2022

Shamidah Wyden

Date

Licensing Consultant

Approved By:

09/29/2022

Mary E. Holton Area Manager Date