



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 13, 2023

Kaylee Wrzesinski
56403 CR 384
Grand Junction, MI 49056

RE: Application #: AF800415313
Wrzesinski Specialized Services
56403 CR 384
Grand Junction, MI 49056

Dear Ms. Wrzesinski:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|---|
| License #: | AF800415313 |
| Licensee Name: | Kaylee Wrzesinski |
| Licensee Address: | 56403 CR 384 Grand Junction, MI 49056 |
| Licensee Telephone #: | (269) 434-6959 |
| Name of Facility: | Wrzesinski Specialized Services |
| Facility Address: | 56403 CR 384 Grand Junction, MI 49056 |
| Facility Telephone #: | (269) 434-6959 01/09/2023 |
| Application Date: | |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|--|
| 01/09/2023 | On-Line Enrollment |
| 01/10/2023 | PSOR on Address Completed |
| 01/10/2023 | Contact - Document Sent |
| 01/10/2023 | Inspection Report Requested - Health Invoice No: 1033268 |
| 01/17/2023 | Contact - Telephone Call Received. Questions about documents sent, will mail documents. |
| 01/31/2023 | Contact - Document Received 1326/afc100/MC/address change |
| 03/09/2023 | Application Incomplete Letter Sent |
| 03/13/2023 | Contact - Document Received Medical clearances, TB screenings, and EHI report. |
| 03/14/2023 | Contact - Document Received Lease Agreement, Evacuation Plan, Criminal Record Check, House Guidelines, and Emergency Contact List. |
| 03/14/2023 | Contact – Document Received Smoke Detectors and Furnace Inspections |
| 03/23/2023 | On-Site Inspection |
| 03/23/2023 | Inspection Completed – BCAL Full Compliance |
| 03/25/2023 | Contact – Document Received Building Permit |
| 03/27/2023 | Contact – Document Received Proof of Income |
| 03/28/2023 | Contact – Document Received Certificate of Occupancy - Building, Plumbing, Electrical, and Mechanical Permits. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a one-story newly constructed prefabricated house located in a rural area in Grand Junction, MI. The applicant submitted copies of approved inspections and permits for the electrical, mechanical, and plumbing. On file is a lease agreement that contains written permission to use the home as an AFC facility and have additional tenants reside in the home.

The home contains one bedroom and full bathroom occupied by the applicant, five resident bedrooms, dining room/kitchen, living room, utility room, and two full bathrooms. The home was inspected and is in substantial compliance with rules pertaining to environmental health. The home received an Environmental Health Inspection for private water and sewer on 1/18/23 and received an A-Rating. The home is in substantial compliance with rules pertaining to fire safety. The home has an interconnected smoke detection system, propane furnace, and water heater that were installed by a qualified service and received an approved inspection.

Resident bedrooms were measured during an onsite inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 11'1" x 12'1" | 133.8 | 1 |
| 2 | 11'1" x 12'3" | 135.7 | 1 |
| 3 | 15'5" x 10'1" | 155.4 | 2 |
| 4 | 11'5" x 11' 7" | 132.2 | 1 |
| 5 | 9'6" x 8'9" | 83.1 | 1 |

The living room area is 273 square feet which exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it has been determined that the home can accommodate six (6) residents. It is the licensee's responsibility to not exceed the home's licensed capacity.

B. Program Description

The home intends to provide 24-hour supervision, protection, and personal care to individuals who are 18 years of age and older, who are developmentally disabled, mentally ill, and/or physically handicapped. The home also intends to provide specialized care to the mentally ill and developmentally disabled populations. The home follows person-centered planning designed for each resident's individual needs. The program aims to assist each resident achieve their personal goals that are important to them and to ensure residents live a fulfilling, joyful, and healthy lifestyle in a safe environment.

If required, behavioral intervention and crisis intervention will be developed as identified in the resident's assessment plan. These programs shall be implemented only by trained staff, and only with prior approval of the resident, guardian, or responsible person.

The home will provide transportation to medical appointments and emergency transportation is available by dialing 911. The program also offers three balanced meals and snacks, assistance with ADL's, medication administration, housekeeping/laundry, and activities within the community.

C. Applicant and Responsible Person Qualifications

The applicant, Kaylee Wrzesinski, and responsible person, Alica Wrzesinski, both have experience working in adult foster care with developmentally disabled, mentally ill, and physically handicapped populations. The Wrzesinski family owns and operates multiple AFC homes within the area.

On file are medical, TB screenings, and criminal record clearances for both individuals.

The applicant provided proof of income and has sufficient financial resources to provide for the residents as evidenced by the projected income from caring for AFC residents along with their savings.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must 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 applicant, 24 hours a day/7 days per week. A responsible person shall be on call to provide supervision when relief is needed.

The applicant has indicated that for the original license of this 6-bed family home, there is adequate supervision with one responsible person on-site for 6 residents. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or direct access to residents or their information or both.

The applicant acknowledges an understanding of 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 establish a good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents, that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s), and volunteer(s).

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 their responsibility to obtain the required written assessment plan, resident care agreement, and health appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 discharge criteria and procedural requirements for issuing a 30-day written discharge notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

III. RECOMMENDATION

It is recommended that a temporary license be issued to this AFC family home (capacity 1-6).

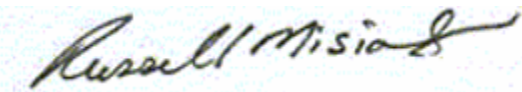


3/28/23

Kristy Duda
Licensing Consultant

Date

Approved By:



4/11/23

Russell B. Misiak
Area Manager

Date