



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 31, 2023

Donzell Dawkins
1109 16th St
Bay City, MI 48708

RE: Application #: AS730413778
Premier Care Assisted 8
3810 King Rd
Saginaw, MI 48601

Dear Donzell Dawkins:

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,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730413778
Licensee Name:	Donzell Dawkins
Licensee Address:	1109 16th St BAY CITY, MI 48708
Licensee Telephone #:	(989) 295-7641
Administrator/Licensee Designee:	Donzell Dawkins
Name of Facility:	Premier Care Assisted 8
Facility Address:	3810 King Rd Saginaw, MI 48601
Facility Telephone #:	(989) 295-7641
Application Date:	08/11/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/11/2022	On-Line Enrollment
08/12/2022	Contact - Document Sent emailed Incomplete app ltr, 1320, RI-030, and AFC-100
08/30/2022	Contact - Document Received
09/27/2022	Comment Sent request to have fingerprints uploaded.
09/27/2022	Comment emailed app inc ltr, and RI-030
09/30/2022	Contact - Document Received licensee sent AFC-100 again. I emailed RI-030
09/30/2022	Contact - Document Received Receipt for fingerprints rec'vd and forwarded with a request to have fingerprints uploaded.
10/31/2022	Comment sent follow-up email to licensee regarding the need for correct prints.
11/18/2022	Contact - Document Received Rec'vd new prints
11/22/2022	Comment sent request to have prints uploaded
12/06/2022	Contact - Document Sent Emailed RI-030 and Vendor List for Licensee to obtain prints again as his second prints went to DHHS because he used the wrong code again.
12/14/2022	Contact - Document Received

RI-030 rec'vd, and forwarded with request for prints to be uploaded

01/09/2023	Application Incomplete Letter Sent
06/08/2023	Application Complete/On-site Needed
06/08/2023	Inspection Completed On-site
07/17/2023	Inspection Completed On-site
08/22/2023	Inspection Completed-BCAL Full Compliance
08/31/2023	Recommend License Issuance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Premier Care Assisted 8 is located in the city limits of Saginaw, MI, within the township of Bridgeport. The property is owned by the applicant, Donzell Dawkins. The home is a 1-story home, complete with 7 bedrooms (6 of which are reserved for resident), 2 full bathrooms, a living room, a kitchen/dining room, storage pantry, laundry room, and an office on the main level, as well as a basement. There is also enclosed patio located at the rear of the home. The patio has an exit door which leads directly to the outside. The home also a 2-car driveway with ample parking for staff and visitors. This home is not handicapped accessible.

The furnace and hot water heater are located in the basement area of the home. A 1-3/4-inch solid core door, constructed of material that has a 1-hour-fire resistance rating, equipped with an automatic self-closing device and positive latching hardware, is located at the top of the basement stairwell. On June 8, 2023, the furnace was inspected by licensed professionals, A & B Plumbing. The furnace was found to be in safe operational condition.

The facility is equipped with hard-wired smoke detectors on both levels of the home. Fire extinguishers are also installed on each floor of the home.

The facility has a public water and sewer system provided by the City of Saginaw. The home 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	10 x12.3	122.5 sq ft.	1
#2	10.9 x 10.4	111 sq ft.	1
#3	10.9 x 9.5	101 sq ft	1
#4	11.3 x 7.3	81 sq ft	1
#5	15.5 x 11.3	173 sq ft.	1
#6	13.2 x 7.3	95 sq ft.	1

The living measures 20 x 20 for a total of 400 sq. ft., while the dining room also measures 14 x 14 for a total of 196 sq. ft., for a total 392 sq. feet. This exceeds the minimum of 35 square feet per resident requirement.

The home has three (3) separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. This facility is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate three residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Premier Care Assisted 8 is designed to enhance residents' personal needs through premier care, kindness, compassion understanding and respect.

The facility will assist residents with incontinence, walking, feeding, behavioral issues, bathing, dressing, and personal hygiene.

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female adults whose diagnosis is mentally impaired, developmentally disabled, aged, and physically handicapped, in the least restrictive environment possible.

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 licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment.

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 Administrator Qualifications

The applicant, Donzell Dawkins, 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.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee/administrator. The licensee /administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-test negative results.

The licensee/administrator have 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6 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 employee's 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 physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

III. RECOMMENDATION

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

Sabrina McGowan

August 31, 2023

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary Holton

August 31, 2023

Mary E. Holton
Area Manager

Date