



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 10, 2024

Deshra Vines-Leak
Precious Places, LLC
PO Box 310332
Flint, MI 48505

RE: Application #: AS250415731
Victoria's House Of Hope
1219 North Dye Rd.
Flint, MI 48532

Dear Deshra Vines-Leak:

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 "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250415731
Applicant Name:	Precious Places, LLC
Applicant Address:	PO Box 310332 Flint, MI 48505
Applicant Telephone #:	(810) 233-6696
Administrator/Licensee Designee:	Deshra Vines-Leak
Name of Facility:	Victoria's House Of Hope
Facility Address:	1219 North Dye Rd. Flint, MI 48532
Facility Telephone #:	(810) 732-1946 02/23/2023
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS DEVELOPMENTALLY DISABLED
Special Certification:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/23/2023	Enrollment
02/23/2023	PSOR on Address Completed
02/23/2023	Application Incomplete Letter Sent Signed 1326 for LD
02/27/2023	Contact - Document Received Signed 1326 for LD
02/27/2023	File Transferred to Field Office Flint via SharePoint
03/06/2023	Application Incomplete Letter Sent
07/10/2023	Application Incomplete Letter Sent
10/25/2023	Inspection Completed On-site
10/25/2023	Inspection Completed-BCAL Sub. Compliance
11/30/2023	Inspection Completed On-site
02/15/2024	Inspection Completed On-site
02/15/2024	Inspection Completed-BCAL Sub. Compliance
02/16/2024	SC-Application Received - Original
02/16/2024	SC-ORR Response Requested
03/15/2024	SC-ORR Response Received-Approval
03/26/2024	Application Complete/ On-site Needed
03/26/2024	Inspection Completed-BCAL Full Compliance
03/26/2024	SC-Inspection Full Compliance
04/02/2024	SC-Recommend MI and DD
04/10/2024	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Victoria's House Of Hope is a ranch style home in a well-established neighborhood located at 1219 N. Dye Road, Flint, MI 48532. The home is owned by DL Reality, LLC and has given the Applicant/Licensee Designee; Deshra Vines-Leak of Precious Places, LLC permission to operate an adult foster care license at this address.

The home is a two-story home. The main floor of the home consists of a living room, family room, dining room, kitchen, two and a half bathrooms, and four resident bedrooms. The home is wheelchair accessible and has three means of egress one that is equipped with a ramp from the first floor in front of the home with the other two exits being grade-level. The ramp was inspected and complies with the requirements of R 400.14509. An additional bedroom is located upstairs with a full bathroom.

The home has an attached condo, which is currently not in use with no immediate plans. The residents do not have access to the condo as it is separated by a door with a double-sided key entry deadbolt lock. It is also equipped with a fire separation from the condo and the rest of the home with a solid 1 ¾ solid wood door. The condo space is not to be utilized by the residents, and the door will remain locked.

The home utilizes public water supply and public sewage disposal system.

The home has a natural gas water heater and furnace located in the basement and were inspected as fully operational on 11/21/2023. The basement is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. Fire extinguishers are located on each floor of the home. The facility is equipped with battery-powered, single-station smoke detectors installed near sleeping areas, on each occupied floor of the home, in the basement, and near all flame/heat producing equipment. The home is in compliance with R 400.14505 regarding smoke detection equipment, R 400.14318 regarding emergency preparedness, R 400.14511 regarding heat producing equipment, and R 400.14512 regarding electrical service. At the time of the inspection, all living areas of the home conformed to the requirements of rules R 400.14503 and R 400.14504 relating to interior finish. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq ft	Total Residents Beds
1 Main Floor	18'3" x 9'6"	175.69 sq ft	2
2 Main Floor	12'3" x 12'	148.00 sq ft	1
3 Main Floor	18'6" x 14'2"	264.44 sq ft	2
4 Upstairs Bedroom	18' x 7'	260.00 sq ft	1

The indoor living room, family room and dining areas measure a total of 963.60 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, Alzheimer's services disclosure 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 six (6) male and/or female residents who are Physically Handicapped, Mentally Ill, Aged, Developmentally Disabled, Traumatic Brain Injured and/or Alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills, and the opportunity for involvement in educational programs. The applicant intends to accept referrals for residents with various sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

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

C. Applicant and Responsible Person Qualifications

The applicant is Precious Places, LLC. Deshra Vines-Leak is the owner of Precious Places, LLC. Deshra Vines-Leak is the licensee designee and administrator. 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. Deshra Vines-Leak has submitted documentation appointing herself as the Administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for Deshra Vines-Leak. Medical Clearance records were submitted and a medical clearance request with a statement from a physician documenting good health and current TB-tine tested 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 6-bed facility is adequate and includes a minimum of one staff- to- six residents per shift. Additional staff will be utilized as

needed. The licensee will provide sufficient staffing for the home based on the needs of the residents. 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 licensee, can administer medication to residents. In addition, the applicant has indicated 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 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 responsibility to maintain a current employee record on file 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 its 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 its 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 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 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 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

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



04/10/2024

Anthony Humphrey
Licensing Consultant

Date

Approved By:



04/10/2024

Mary E. Holton
Area Manager

Date