



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 3, 2024

Ilesha Johnson  
625 Munson Ct  
SAGINAW, MI 48601

RE: Application #: AS730418083  
A Touch Of Faith AFC Home  
816 Forest St  
Saginaw, MI 48602

Dear Ilesha Johnson:

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 4 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 "C. Garza".

Christina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 240-2478

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730418083
<b>Licensee Name:</b>	lesha Johnson
<b>Licensee Address:</b>	625 Munson Ct SAGINAW, MI 48601
<b>Licensee Telephone #:</b>	(989) 501-9237
<b>Administrator/Licensee Designee:</b>	lesha Johnson
<b>Name of Facility:</b>	A Touch Of Faith AFC Home
<b>Facility Address:</b>	816 Forest St Saginaw, MI 48602
<b>Facility Telephone #:</b>	(989) 501-9237
<b>Application Date:</b>	11/29/2023
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

11/29/2023	On-Line Enrollment
12/01/2023	Contact - Document Sent forms sent
12/01/2023	Comment Requested 1326/RI030
12/01/2023	PSOR on Address Completed
12/12/2023	Contact - Document Received 1326, AFC100, Corp documents, RI030
03/05/2024	Application Incomplete Letter Sent
04/12/2024	Application Complete/On-site Needed
04/12/2024	Contact - Face to Face Went over paperwork with Licensee Designee
06/17/2024	Inspection Completed On-site
07/16/2024	Inspection Completed On-site
09/30/2024	Contact - Document Received Reviewed budget
09/30/2024	Inspection Completed-BCAL Full Compliance
10/03/2024	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

A Touch Of Faith AFC Home is a one-story facility with an attached two car garage and basement. The exterior of the home is comprised of vinyl siding. The home consists of a living room, dining room, kitchen, three resident bedrooms, one full bathroom, and an attached screened-in porch in the back of the home. The laundry area is located in the basement of the home. The facility is not wheelchair accessible. The facility is owned by Licensee, Iesha Johnson.

The furnace and hot water heater are located in the basement with at least 1-3/4-inch solid core door to create floor separation. A furnace inspection and approval were completed on March 7, 2024. The facility is equipped with a smoke detection system.

The smoke detectors are all hard-wired into the home's electrical system with battery back-up and are in all sleeping and living areas. The facility has city water and sewer.

There are three resident bedrooms located on the main floor of the home. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Dimensions	Total Square Footage	Total Resident Beds
1	8'9" x 11'8"	102	1
2	10'10" x 12'	130	2
3	8'5" x 10'7"	89	1

The living room and dining room areas measure a total of 305 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The home has two (2) 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 of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The facility has the capacity to provide 24-hour supervision, protection, and personal care for up to four male and/or female residents aged eighteen and over, that are aged, mentally ill, developmentally disabled, physically handicapped or have Alzheimer's. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate, and honest staff. The facility will provide a clean and caring environment enabling the residents to live, learn, and grow as individuals. Facility staff will meet the basic needs of everyone, as well as those who require more individualized attention. Residents will be provided and encouraged to participate in social activities and events.

### **C. Applicant and Administrator Qualifications**

Ilesha Johnson is the licensee and administrator of this facility. A criminal history background check was completed for Licensee Johnson, and she has been determined to be of good moral character. Licensee Johnson submitted a statement from a physician documenting good health and a current TB test with negative results. Licensee Johnson has submitted verification that she meets the requirements to act as the licensee and administrator.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (4) residents will be the responsibility of the applicant 24 hours a day, 7 days a week. The applicant has indicated that for the original license of this 4-bed small group home, there is adequate supervision with 1 direct care staff on-site for six (4) residents. The applicant acknowledges that the number of direct care staff 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 training and qualification requirements for the staff 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, "direct access" to residents, 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](http://www.Miltcpartnership.org)), 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers 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,

administrator, or volunteer staff, and the retention schedule for all the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the 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 their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

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 discharge written 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 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 an accident involving 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 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 residents' personal money transactions that have been agreed to be managed by the applicant.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. 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 AFC adult small group home (capacity 1-4).



10/3/2024

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Christina Garza  
Licensing Consultant

Date

Approved By:



10/3/2024

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Mary E. Holton  
Area Manager

Date