



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 20, 2024

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: Application #: AS250418771
ResCare Premier Joal
1217 Joal DR.
Flint, MI 48532

Dear Laura Hatfield-Smith:

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

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

I. IDENTIFYING INFORMATION

License #:	AS250418771
Applicant Name:	ResCare Premier, Inc.
Applicant Address:	9901 Linn Station Road Louisville, KY 40223
Applicant Telephone #:	(989) 791-7174
Administrator/Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	ResCare Premier Joal
Facility Address:	1217 Joal DR. Flint, MI 48532
Facility Telephone #:	(989) 791-7174
Application Date:	08/27/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/27/2024	Enrollment
08/27/2024	PSOR on Address Completed
08/27/2024	Application Incomplete Letter Sent 1326/ RI030
08/28/2024	Contact - Document Sent Forms Sent.
10/03/2024	Contact - Document Received 1326
10/10/2024	Contact - Document Received RI030
10/14/2024	Comment Fingerprints were not located. Sent an email to Laura for the receipt.
10/15/2024	Contact - Document Sent RI030
10/16/2024	Comment 2nd round of fingerprints sent to Candace.
10/17/2024	File Transferred To Field Office
11/14/2024	Application Complete/On-site Needed
12/03/2024	Application Incomplete Letter Sent
12/03/2024	SC-Application Received - Original
12/05/2024	Inspection Completed On-site
12/05/2024	Inspection Completed-Env. Health : A
12/18/2024	Inspection Completed-BCAL Full Compliance
12/20/2024	Recommend License Issuacne

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

ResCare Premier Joal Adult Foster Care facility is located at 1217 Joal Dr., Flint Township, MI. The home is owned by Greater Flint Mental Health Facilities (GFMHF), who is leasing the home and land to Genesee Health Systems (GHS). GHS is leasing the residence to RESCARE Inc, for the purpose of operating a licensed group home on the premises.

The home, a 1-story home, vinyl and brick structure, is situated in a residential neighborhood, with ample front and rear yard space to be utilized by the residents. The home is one of many homes in the neighborhood adjacent to the local high schools' property. The home contains a furnished sitting/play area upon entering the home. The open floor plan combines the fully furnished living room, dining room, complete with a dinette set to accommodate the number of residents, and kitchen in the home. The home also contains a room located off the kitchen, identified as the office to be utilized by staff.

Bedrooms and bathrooms are located down the hall Bedrooms #1 and 3 are located on the North side of the home, separated by a full bathroom, complete with a shower, sink and toilet, while Bedrooms # 2 and 4 are located on the South side of the home, separated by an additional full bathroom, complete with a shower and a tub, a sink and a toilet.

An environmental health inspection was conducted on 12/05/2024, at which time the facility met all applicable rules relating to environmental health and safety. The home utilizes public water and sewer services. Parking is located in the driveway, with ample parking space for staff and visitors.

The washer and dryer, located on the main floor near the garage exit, is enclosed behind a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The dryer has a solid metal vent, which is directly vented to the outside.

The furnace and hot water heater, located in the laundry room area near the garage exit, were inspected on 12/01/2024 by Nikolai's New Design and were deemed to be in safe working condition. They are enclosed by a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The home is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located near the garage and side door exits. The licensee intends to keep the home's cleaning supplies in an area that is not accessible to residents.

The bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	15.2" x 10'11"	166 sq. ft.	2
#2	15.2" x 10'11"	166 sq. ft.	2
#3	10 x 15	150 sq. ft.	1
#4	10 x 15	150 sq. ft.	1

The living, dining room and sitting room/play areas measure a total of 562.4 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

There are two (4) independent, unobstructed means of egress, leading to the outside of this home. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The first exit is located at the north end of the living room and leads to the front porch. The second exit is a French-Door styled exit leading directly to the patio located in the rear of the home. There is an exit door located near the East end of the hall near the bedrooms and there is an additional North facing exit door, leading to the garage area of the home. The exits are noted in the home's evacuation plan. The required exit doors are equipped with positive latching non-locking against egress hardware. This home is at ground level and is wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. Bedrooms #, 1 and 2 are suitable for double-occupancy, while Bedrooms #3, and 4 are suitable for single-occupancy.

B. Program Description

Admission and discharge policies, program 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 or female ambulatory adults, ages 18-99 whose diagnosis is developmentally disabled, mentally ill, and/or physically handicapped in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from local agencies including Community Mental Health, the Department of Health and Human Services, and home health agencies.

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 ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant, ResCare Premier, Inc., 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. ResCare Premier, Inc. has named Laura Hatfield-Smith as the licensee designee and administrator.

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 6

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.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 3-6).

Sabrina McGowan December 20, 2024

Sabrina McGowan Date
Licensing Consultant

Approved By:

Mary Holton December 20, 2024

Mary E. Holton Date
Area Manager