



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED  
DIRECTOR

September 16, 2008

Mr. Thomas Hart  
Independent Living Solutions, LLC  
2786 Cecelia St.  
Saginaw, MI 48602

RE: Application #: AS730296476  
Cardinal Care AFC  
2700 Cecelia St.  
Saginaw, MI 48602

Dear Mr. Hart:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (989) 758-1754.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Children and Adult Licensing  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 758-1922

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                       | AS730296476   |
| <b>Applicant Name:</b>                  | Independent Living Solutions, LLC   |
| <b>Applicant Address:</b>               | 2786 Cecelia St.<br>Saginaw, MI 48602   |
| <b>Applicant Telephone #:</b>           | (989) 752-6142  |
| <b>Administrator/Licensee Designee:</b> | N/A   |
| <b>Name of Facility:</b>                | Cardinal Care AFC   |
| <b>Facility Address:</b>                | 2700 Cecelia St.<br>Saginaw, MI 48602   |
| <b>Facility Telephone #:</b>            | (989) 752-6143<br>06/09/2008  |
| <b>Application Date:</b>                |   |
| <b>Capacity:</b>                        | 6   |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>ALZHEIMERS<br>PHYSICALLY HANDICAPPED<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODOLOGY

|            |   |
|------------|---|
| 06/09/2008 | Enrollment                                |
| 06/11/2008 | Application Incomplete Letter Sent        |
| 07/23/2008 | Application Complete/On-site Needed       |
| 08/04/2008 | Inspection Complete –BFS Sub Compliance   |
| 08/29/2008 | Inspection Complete – BFS Full Compliance |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Cardinal Care AFC is located in a residential area in Carrollton Township. The home is a single story structure with a full basement. The first floor consists of a living room, dining room, kitchen, bathroom, and four bedrooms.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

The home can accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom #    | Room Dimensions  | Total Footage  | Total Resident Beds |
|--------------|------------------|----------------|---------------------|
| #1 Northeast | 14' 8" X 10' 11" | 160.11 sq. ft. | 2                   |
| #2 Northwest | 14' 9" X 10'     | 147.50 sq. ft. | 2                   |
| #3 Southwest | 12' 2" X 11' 10" | 143.97         | 1                   |
| #4 Southeast | 9' 3" X 10' 4"   | 95.58          | 1                   |

The living and dining room areas measure a total of 302.13 square feet of living space. This exceeds the minimum of 35 square feet per resident.

Based on the above information, it is concluded that 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, 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 adults whose diagnosis is developmentally disabled or mentally impaired, 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 Saginaw County Community Mental Health Authority.

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, or the responsible person.

The licensee will provide all transportation for program and medical needs. 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 is Independent Living Solutions, L.L.C., which is a "Domestic Limited Liability Company," was established in Michigan on 12/09/05. 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.

The Board of Directors of Independent Living Solutions, L.L.C. has submitted documentation appointing Thomas Hart as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the Licensee Designee/Administrator. The Licensee Designee/Administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The Licensee Designee/Administrator 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 six bed facility is adequate and includes a minimum of one staff – to – three 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](http://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 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**

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

**IV. RECOMMENDATION**

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

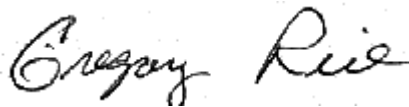


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Kathryn A. Huber  
Licensing Consultant

Date: 09/16/08

Approved By:



09/18/08

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Gregory Rice  
Area Manager

Date