



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 24, 2009

Lewis, Sr. James
5110 Camborne Ct
Flint, MI 48504

RE: Application #: AF250302289
Harvard Manor AFC
1050 E Harvard Ave
Flint, MI 48505

Dear Lewis, Sr. James:

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 (810) 787-7031.

Sincerely,

Lisa Gundry, Licensing Consultant
Bureau of Children and Adult Licensing
2320 W. Pierson Rd.
Flint, MI 48504
(810) 787-7033

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250302289
Applicant Name:	Lewis, Sr. James
Applicant Address:	1050 E Harvard Ave Flint, MI 48505
Applicant Telephone #:	(810) 789-8724
Administrator/Licensee Designee:	N/A
Name of Facility:	Harvard Manor AFC
Facility Address:	1050 E Harvard Ave Flint, MI 48505
Facility Telephone #:	(810) 789-8724 05/08/2009
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/08/2009	Enrollment
05/12/2009	Application Incomplete Letter Sent 1326 for James, applicant & Dion, Responsible Person
05/28/2009	Application Incomplete Letter Sent Returned Dion's 1326 for SS verification
06/04/2009	Contact - Document Received 1326 & SS copy for Dion
06/04/2009	Application Complete/On-site Needed
06/09/2009	Application Incomplete Letter Sent
08/20/2009	Inspection Completed On-site
08/20/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Harvard Manor AFC. is a quaint home located in a well established neighborhood in the City of Flint. The home is located on a large lot with plenty of yard space and room for parking. The home has a municipal water and sewer system.

The home is a one-story ranch made up of a large living area, a combined kitchen and dining area, two full bathrooms, and five bedrooms.

The furnace and hot water heater are located in a heat plant enclosure room. The door has a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The laundry facilities are located in the garage. The applicant plans to provide laundry service to the residents. The home is equipped with a battery operated smoke detection system in all required areas. A fire extinguisher is located in the home.

At the time of the inspection, all the living areas of the house conformed to the requirements of rules R400.1435 and Rule400.1436 relating to interior finish. The home is in compliance with rule R400.1437 regarding smoke detection equipment, rule R400.1438 regarding emergency preparedness, rule R400.1440 regarding heat producing equipment, and rule R400.1441 regarding electrical service.

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

BEDROOM	DIMENSIONS	SQ. FOOTAGE	OCCUPANCY
Northwest Bedroom 1	8'11" X 10'6"	94	1
Northwest Bedroom 2	11'3" X 9'5"	106	1
Southwest Bedroom 3	13'11" X 11'2"	155	2
Southeast Bedroom 4	13'7" X 12'11"	175	2

The maximum capacity of bedroom square footage for residents in the home is (6) six. The applicant proposed that Bedrooms 1 and 2 have (1) one resident. Bedrooms 3 and 4 will have (2) two resident's per room.

The living and dining room areas measure a total of 336 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

Mr. Lewis indicated on the application that the home would provide services to aged adults. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) residents, whose diagnosis is mentally ill, developmentally disabled, aged and traumatic brain injured. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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.

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 Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person's submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant demonstrated sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with savings, available cash and retirement income. The applicant included a proposed budget for the facility that included projected income and expenditure amounts.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person 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 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.

Based upon discussion at the time of the onsite inspections, the applicant demonstrated an understanding of their responsibilities as well as their intention to comply with department rules.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 the responsible person and volunteers or staff 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,

responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

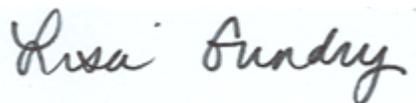
I have determined the applicant to be in compliance with departmental requirements. A more complete evaluation of these rules will take place at the time of the renewal inspection prior to the expiration of the temporary license. Mr. Lewis also understands the technical assistance and consultation will be available throughout the term of the temporary license.

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 AFC adult family home (capacity 1-6).

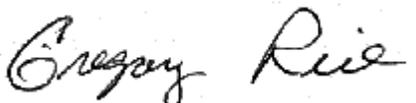


8/24/09

Lisa Gundry
Licensing Consultant

Date

Approved By:



8/24/09

Gregory Rice
Area Manager

Date