



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

May 18, 2010

Teresa Pray
2334 E Frances Road
Clio, MI 48420

RE: Application #: AF250302340
Pray Family Care Home
2334 E Frances Road
Clio, MI 48420

Dear Mrs. Pray:

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 5 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) 758-2717.

Sincerely,

Lisa Gundry, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 110
1388 W. Bristol Rd.
Flint, MI 48507
(810) 787-7033

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF250302340

Applicant Name: Teresa Pray

Applicant Address: 2334 E Frances Road
Clio, MI 48420

Applicant Telephone #: (810) 687-3494

Administrator/Licensee Designee: N/A

Name of Facility: Pray Family Care Home

Facility Address: 2334 E Frances Road
Clio, MI 48420

Facility Telephone #: (810) 687-3494
05/11/2009

Application Date:

Capacity: 5

Program Type: MENTALLY ILL
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

05/11/2009	Enrollment
05/14/2009	Application Incomplete Letter Sent Item 51 & additional for 1326 Teresa & Robert
05/21/2009	Inspection Report Requested - Health
05/21/2009	Application Complete/On-site Needed
06/08/2009	Application Incomplete Letter Sent
07/09/2009	Inspection Completed On-site
01/13/2010	Contact - Telephone call received she will send paperwork, still working on physical plant
05/18/2010	Inspection Completed On-site
05/18/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pray Family Care Home is a ranch style home located in a neighborhood in northern Genesee County. The home has a private water system and public sewer. The water system has been inspected and approved by the Genesee County Health Department.

The home is made up of a living room, kitchen, dining area, additional living space area, two full bathrooms, and four bedrooms. The licensee will reside in the fourth bedroom. The laundry facilities are located in the basement.

The furnace and hot water heater are located in the basement. Floor separation is achieved by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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. 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 has full coverage integrated smoke protection/alarm system. 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 #	Room Dimensions	Total Square Footage	Total Resident Beds
Northeast BEDROOM 1	11'5" X 9'11"	113	1
North BEDROOM 2	10'10" x 12'4"	133	2
Northwest BEDROOM 3	12'4" x 11'	136	2

The home has two separate living room areas. Living Area 1 measures approximately 23'8" x 9'8." This provides 228 square feet of living area.

The dining room and additional Living Area 2 measures 15'5" x 25'. This provides 385 square feet of living and dining area. This area is large enough to very comfortably accommodate 5 residents.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Ms. Pray indicated on her application that the home would provide services to mentally ill, aged, and physically handicapped adults. The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, mentally ill or physically handicapped. 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 Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person 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 and available cash. 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 (5) 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 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.

Based upon discussion at the time of the onsite inspections, the applicant demonstrated her understanding of her responsibilities as well as her 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 her 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 her 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 her 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 her 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 her 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. Ms. Pray also understands the technical assistance and consultation will be available throughout the term of the temporary license.

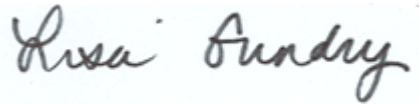
The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

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 1-5).

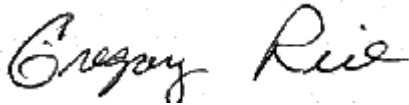


5/18/2010

Lisa Gundry
Licensing Consultant

Date

Approved By:



5/19/2010

Gregory Rice
Area Manager

Date