



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

March 8, 2011

Ms. Kendra Velasquez  
P.O. Box 1362  
East Lansing, MI 48826

RE: Application #: AS330309144  
Maloney Street Residential Care  
3131 Maloney St.  
Lansing, MI 48911

Dear Ms. Velasquez:

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 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 (517) 241-2585.

Sincerely,

Kent W Gieselman, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909-8150  
(517) 335-6084

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330309144
<b>Applicant Name:</b>	Maloney Street Residential Care LLC
<b>Applicant Address:</b>	3131 Maloney Lansing, MI 48911
<b>Applicant Telephone #:</b>	(517) 882-3544
<b>Ms. Velasquez:</b>	Kendra Velasquez
<b>Administrator:</b>	Kendra Velasquez
<b>Name of Facility:</b>	Maloney Street Residential Care
<b>Facility Address:</b>	3131 Maloney St. Lansing, MI 48911
<b>Facility Telephone #:</b>	(517) 882-3544
<b>Application Date:</b>	06/16/2010
<b>Capacity:</b>	4
<b>Program Type:</b>	AGED ALZHEIMERS

## **II. METHODOLOGY**

06/16/2010	Enrollment
06/17/2010	Application Incomplete Letter Sent
06/29/2010	Contact - Document Received
02/01/2011	Application Complete/On-site Needed
02/17/2011	Inspection Completed On-site
02/17/2011	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This facility is located in a residential neighborhood on the south side of the city of Lansing. The building has a full basement used for storage, as well as a mechanical room containing the furnace and hot water heater for this facility. The mechanical room has a self-closing solid core door that is 1 3/4 inches thick. The furnace and hot water heater have recently been inspected and are in mechanically sound condition. There are fire extinguishers located on each floor of this facility, and the smoke detectors are hard wired and interconnected.

This facility has the following rooms;

- 1) Full Kitchen
- 2) Laundry room
- 3) Staff office
- 4) Dining room measuring 170 sq. ft.
- 5) Family room measuring 238 sq. ft.
- 6) There is a full bathroom for resident use on the main floor of this facility where the resident bedrooms are located.
- 7) Resident Bedrooms:
  - a) Bedroom #1 measures 107 sq. ft. and will have one resident bed.
  - b) Bedroom #2 measures 114 sq. ft. and will have one resident bed.
  - c) Bedroom #3 measures 130 sq. ft. and will have two resident beds.

## **B. Ms. Velasquez and Administrator Qualifications**

Ms. Kendra Velasquez is the licensee designee and administrator for this facility. Ms. Velasquez is a certified nurse assistant and holds a Bachelor of Arts degree. Ms. Velasquez has been employed as a licensee designee and administrator at two other adult foster care facilities and has five years of experience in providing care to residents in adult foster care facilities.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for Ms. Velasquez. Ms. Velasquez submitted statements from a physician documenting her good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the licensee 24 hours a day / 7 days a week.

Ms. Velasquez acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

Ms. Velasquez 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.

Ms. Velasquez acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Ms. Velasquez 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.

Ms. Velasquez acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, Ms. Velasquez acknowledges her responsibility to maintain a current employee record on file in the home for Ms. Velasquez, administrator or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

Ms. Velasquez acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

Ms. Velasquez 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.

Ms. Velasquez acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Velasquez indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Velasquez 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. Ms. Velasquez 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.

Ms. Velasquez acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Velasquez acknowledges her 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, Ms. Velasquez 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.

### **C. Program Description**

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services for male and female residents who are aged and they will also admit residents who have been diagnosed with Alzheimer's disease. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others, does not require 24 hour nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the needs identified in their written assessment plan, assisting residents with daily living skills as identified in the resident's assessment and providing social activities within the facility and in the community that will provide for opportunities for socialization on a weekly basis or more often as scheduled and appropriate. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in workshops in the community on a daily basis if they are able to do so.

The Alzheimer's program statement states that the facility will ensure that all workers will be fully trained in providing care to residents diagnosed with Alzheimer's prior to providing these services. The program statement also states that this facility will be arranged in a way to accommodate and maintain safety for this specific population. This includes limiting the number of residents to four, equipping the doors with an alarm system, and scheduling two workers for daytime hours and one worker during the third shift.

#### **D. Rule/Statutory Violations**

There are no rule violations at this time.

#### **IV. RECOMMENDATION**

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



3/2/11

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



3/8/11

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Betsy Montgomery  
Area Manager

Date