

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



MAURA D. CORRIGAN DIRECTOR

March 15, 2011

Gloria Carr 404 Velvet Ave. Portage, MI 49002

> RE: Application #: AF390310994 Tommy's Manor 404 Velvet Ave. Portage, MI 49002

Dear Mrs. Carr:

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 3 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 (269) 337-5066.

Sincerely,

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Susan Gamber, Licensing Consultant Bureau of Children and Adult Licensing 322 E. Stockbridge Ave Kalamazoo, MI 49001 (269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390310994
Applicant Name:	Gloria Carr
Applicant Address:	404 Velvet Ave. Portage, MI 49002
Applicant Telephone #:	(269) 491-5647
Administrator/Licensee Designee:	N/A
Name of Facility:	Tommy's Manor
Facility Address:	404 Velvet Ave. Portage, MI 49002
Facility Telephone #:	(269) 491-5647 11/03/2010
Application Date:	11/03/2010
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

11/03/2010	Enrollment
11/09/2010	PSOR on Address Completed
11/09/2010	Inspection Report Requested - Health 1018073
11/09/2010	Contact - Document Sent Rule & ACT Books
11/09/2010	Application Incomplete Letter Sent
11/29/2010	Contact - Document Received Completed App & 1326
12/01/2010	Application Complete/On-site Needed
12/01/2010	File Transferred To Field Office Kalamazoo
12/06/2010	Application Incomplete Letter Sent
12/08/2010	Inspection Completed-Environmental Health : A
03/03/2011	Inspection Completed On-site
03/15/2011	Contact - Document Received response to confirming letter
03/15/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home with finished basement and attached garage in a residential area. The house sits on a corner lot with the garage facing a side street. While all bedrooms are on the main level none of the interior doorways or hallways has sufficient width to accommodate wheelchairs and the home is not equipped with wheelchair ramps at means of egress.

Three resident bedrooms are located in one hallway that also contains a full bathroom with tub/shower. Each bedroom has sufficient living space for one resident, giving the facility a total capacity of three residents. The resident bathroom contains a standard bathtub with shower head, and is not designed for handicap accessibility.

The main floor contains a dining room, kitchen, living room and separate family room, which provides the required 35 square feet of resident space per home occupant. A sliding door exits from the family room to a fenced in outdoor patio.

The licensee's bedroom, bathroom, and spare bedroom are located on the opposite end of the house from resident bedrooms.

The basement level is finished for living quarters, although no one resides in the basement at this time. The furnace room and laundry facilities are located in the basement.

Ms. Carr provided documentation that the wall paneling and ceiling tiles in the basement meet Class C requirements for fire safety. Floor separation is provided by the solid core wood door leading from the upstairs to the basement, and this door must remain closed. Ms. Carr has been advised that space heaters are not permitted.

Ms. Carr has a combination of electrical wired smoke detectors and battery powered smoke detectors. Her evacuation plan is posted. Emergency egress is routed through either the front door or through the garage. The exit through the garage is clear of debris and clutter and provides a safe passageway.

This facility is on a municipal sewage disposal system but does have a private water supply. The Kalamazoo County Environmental Health Department gave the water supply an "A" rating on November 18, 2010 indicating substantial compliance with applicable rules.

Emergency services would be provided by the Portage Public Safety Department.

B. Program Description

Gloria Carr is the sole licensee and occupant of her family home. She advises that her husband and son do not reside full time at the facility address. If that situation changes she is aware that she will need to submit medical and good moral character information for them.

Ms. Carr has submitted evidence that she is free from communicable tuberculosis and that she has no physical or mental health problem that would limit her ability to work with dependent adults. The same information has been provided for her responsible person.

Recently passed legislation will require Ms. Carr to be fingerprinted by December 1, 2011 but that process is not yet in place. Ms. Carr does not have an employee but if she does she will be instructed on the fingerprinting requirements for employees. Ms. Carr will be the primary caregiver. She will accept men or women and prefers individuals age 55 or older. She will accept private pay as well as SSI/SSD payments. Smoking will not be permitted anywhere on the premises, either inside or outdoors.

Ms. Carr will provide general supervision but expects that residents will be relatively independent, including doing their own laundry. Residents must sleep throughout the night as staff awake during the night will not be provided. Ms. Carr does not plan to routinely provide resident transportation, and public transportation does not come into her subdivision.

Ms. Carr was previously licensed at this location but closed when she did not have residents in care during the temporary license period. She has been provided with sample forms to permit compliance with adult foster care family home record keeping rules.

C. Rule/Statutory Violations

Ms. Carr is presently in full compliance with the licensing act and administrative rules for adult family foster care homes. Compliance with quality of care rules will be evaluated once a license is issued and residents are in care.

IV. RECOMMENDATION

Based on the findings it is recommended that a six month temporary license be issued to operate an adult foster care family home for a maximum of three residents.

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Susan Gamber Licensing Consultant

March 15, 2011 Date

Approved By:

Gregory V. Corrigan

Gregory V. Corrigan Area Manager

March 15, 2011 Date