



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 1, 2012

Laketa Brodnex
D.E.B. AFC Inc.
PO Box 122 State St.
Bridgeport, MI 48722

RE: Application #: AS730315015
D.E.B. AFC Inc. #4
901 S. Fayette
Saginaw, MI 48602

Dear Mrs. Brodnex:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Kathryn A. Huber, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 758-2736

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730315015
Applicant Name:	D.E.B. AFC Inc.
Applicant Address:	PO Box 122 State St. Bridgeport, MI 48722
Applicant Telephone #:	(989) 752-6758
Administrator/Licensee Designee:	Laketa Brodnex
Name of Facility:	D.E.B. AFC Inc. #4
Facility Address:	901 S. Fayette Saginaw, MI 48602
Facility Telephone #:	(989) 790-0882
Application Date:	08/10/2011
Capacity:	6
Program Type:	AGED ALZHEIMERS DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/10/2011	Enrollment
08/30/2011	Application Incomplete Letter Sent 1326s/Laketa&Dametrice
09/07/2011	Contact - Document Received 1326s/Laketa&Dametrice.
09/15/2011	Application Complete/On-site Needed
09/15/2011	Contact - Document Sent Law&Rules books.
09/15/2011	File Transferred To Field Office Saginaw.
09/23/2011	Application Incomplete Letter Sent
12/01/2011	Inspection Completed On-site
12/29/2011	Contact - Document Received Received paperwork requested faxed to me
01/09/2012	Inspection Completed On-site
01/11/2012	Inspection Completed-BCAL Full Compliance
01/20/2012	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Dametrice and Laketa Brodnex own the home at 901 S. Fayette, Saginaw, Michigan. The home is a two story house that was built on a basement. The home is in very good repair and will enable four residents to utilize two semi-private rooms and two residents will be able to utilize private rooms.

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 located at 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 Downstairs	12' X 13' 10" subtract closet 2' 6" X 3'4"	157.67	2 residents
#2 East Upstairs	14' X 10' 7"	148.16	2 residents
#3 Middle Upstairs	10' 3" X 10' 8" subtract closet 3' X 6'	89.38	1 resident
#4 West Upstairs	12' 8" X 12' 9"	161.5	1 resident

The living, dining, and sitting room areas measure a total of 292.58 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

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 ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, aged, and/or diagnosed with Alzheimer's 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 Community Mental Health Authority, hospitals, and nursing homes.

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 and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision 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 D.E.B. AFC Inc. which is a “For Profit Corporation” was established in Michigan, on August 4, 2004. 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 D.E.B. AFC, Inc. has submitted documentation appointing Laketa Brodnex as Licensee Designee for this facility and Dametrice Brodnes as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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-six 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.cogentid.com/mi/index), Cogent Systems™ (formerly L 1 Identity Solutions®), 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

IV. RECOMMENDATION

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



02/01/2012

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



02/01/2012

Jerry Hendrick
Area Manager

Date