



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 1, 2012

Brenda McKee
3426 Barber Road
Bay City, MI 48706

RE: Application #:	AF090312924 Almost Heaven 3426 Barber Road Bay City, MI 48706
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Dear Ms. McKee:

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 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,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
Midland, MI 48640
(989) 293-6338

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF090312924
Applicant Name:	Brenda McKee
Applicant Address:	3426 Barber Road Bay City, MI 48706
Applicant Telephone #:	(989) 671-9941
Administrator/Licensee Designee:	N/A
Name of Facility:	Almost Heaven
Facility Address:	3426 Barber Road Bay City, MI 48706
Facility Telephone #:	(989) 671-9941
Application Date:	03/30/2011
Capacity:	3
Program Type:	AGED

II. METHODOLOGY

03/30/2011	Enrollment
04/01/2011	PSOR on Address Completed
04/01/2011	Contact - Document Sent Rules & Act booklets
04/01/2011	Application Incomplete Letter Sent
04/22/2011	Contact - Document Received Record Clearances for Bernice LaPan.
04/22/2011	Contact - Document Received Record Clearance for Sarah Fick.
04/25/2011	Contact - Telephone call received
04/25/2011	Licensing Unit file referred for criminal history review of Brenda McKee.
04/25/2011	Application Incomplete Letter Sent
05/02/2011	Contact - Document Received for Sarah Fick.
11/03/2011	Contact - Telephone call made Left Message for Brenda McKee to inquire if she was still interested in becoming licensed.
11/03/2011	Application Incomplete Letter Sent second letter.
02/28/2012	Contact - Telephone call made Left message with Brenda McKee to reschedule an inspection.
03/01/2012	Inspection Completed On-site Reviewed physical plant corrections and paperwork. Still have some paperwork to complete.
04/12/2012	Contact - Face to Face Brenda McKee has completed all paperwork requirements and has a potential resident.
04/18/2012	Inspection completed on site, observed new cement driveway.
04/24/2012	Contact – Brenda McKee said she and her Responsible Person have completed their First Aid and CPR training.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Facility known as Almost Heaven is located in the Northwest corner of the city of Bay City. The Applicant, Brenda McKee has a modular home that was built in 1997 by Patriot Builders. The home has a total of 1250 square feet. The home has a living room, dining room/kitchen, three bedrooms, two bathrooms, and a utility/laundry room. The home sits on a crawl space, five block foundation that is not used to store anything. There are two exit doors with non-locking against egress hardware. There is a ramp leading to the front door, and a deck off the back of the house. The applicant is the original owner of the home.

Two of the bedrooms will be licensed for residents. The bedroom on the Northwest side of the home measures 13 feet by 13 feet 4 inches for a total square footage of 174.2. This will be a double occupancy room. The bedroom on the Northeast side of the home measures 12.3 by 13.6 for a total of 167.28 square feet. That room will be licensed for two residents also. The applicant is currently taking care of her mother, Bernice LaPan, who is currently an occupant of the Northeast bedroom. At this time the Licensee intends to care for a total of three residents while her mother is living in the home. She is counting her mother as one of the residents because her mother requires 24 hour supervision, personal care and protection. The living room has 253 square feet of living space. There is adequate recreational space of more than 35 square feet per resident available in the home. There is adequate dining space to accommodate all residents of the home at the same time.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents, whose diagnosis is aged or mentally ill. 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 Council on Aging, Senior Centers, Public library, local museums, Theatres 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 submitted a medical clearance request with statements from a physician documenting their 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 income from caring for AFC residents along with outside employment.

The supervision of residents in this family home licensed for (3) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person, Sara Fick, 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), Cogent 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. 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.

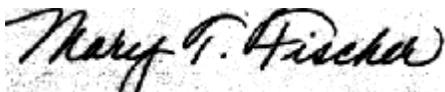
The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant 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.

Rule/Statutory Violations

There were no rule violations cited.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 3).



05/01/2012

Mary T. Fischer Licensing Consultant	Date
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Approved By:



05/01/2012

Jerry Hendrick Area Manager	Date
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