



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 6, 2012

Michael Arnold
9825 Lyon Drive
Brighton, MI 48114

RE: Application #: AF470317336
Helen's House
9825 Lyon Drive
Brighton, MI 48114

Dear Mr. Arnold:

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 (517) 241-2585.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF470317336
Applicant Name:	Michael Arnold
Applicant Address:	9825 Lyon Drive Brighton, MI 48114
Applicant Telephone #:	(248) 761-5055
Licensee:	Michael Arnold
Name of Facility:	Helen's House
Facility Address:	9825 Lyon Drive Brighton, MI 48114
Facility Telephone #:	(248) 761-5055
Application Date:	02/16/2012
Capacity:	3
Program Type:	AGED

II. METHODOLOGY

02/16/2012	Enrollment
02/22/2012	Contact - Document Sent Rules & Act booklets
02/22/2012	Inspection Report Requested - Health Inv. #1019897
02/22/2012	Application Incomplete Letter Sent Rec clearance's for Yvonne A. and Marcella A.
03/06/2012	Inspection Completed-Environmental. Health : A
03/12/2012	Contact - Document Received Record clearance for Marcella
03/13/2012	Contact - Document Received Record clearance for Yvonne
03/13/2012	Application Complete/On-site Needed
04/30/2012	Application Incomplete Letter Sent
05/08/2012	Contact - Document Received Received required licensing paperwork from applicant
05/11/2012	Contact - Telephone call made Spoke to applicant about paperwork issues.
06/05/2012	Contact - Telephone call made Spoke to applicant to schedule original inspection.
06/12/2012	Inspection Completed On-site
06/12/2012	Inspection Completed-BCAL Sub. Compliance
06/14/2012	Contact - Document Sent Received and returned e-mail to applicant regarding fire door information.
07/23/2012	Inspection Completed On-site
07/24/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Helen's House is located on a dirt road in a rural area of Brighton, MI. It has direct access to no-wake Lyon Lake, which is located approximately 90 feet from the back of the home. The home is a ranch style home that has a full finished walk-out basement. The front of the home is built into a hill, leaving the basement exits at grade and wheelchair accessible. The home has two separate two-car attached garages with cement floors and room for storage. One garage is in the front of the home and the second garage is directly underneath it, but opens to the back of the home. The home has a stone driveway that has adequate space for visitor parking. There is a second gravel driveway that runs along the entire east side of the home to access the backyard and lower garage. There is a small wooden deck at the front entrance of the home that leads directly to the driveway.

The main level of the home consists of a living room, dining area, kitchen, one full resident bathroom, sitting area, laundry room, two resident bedrooms and one bedroom with attached bath that will be utilized by the applicant. Also located on this level is a small heat plant, which consists of a furnace and hot water heater. This heat plant is separated from the residents by a set of solid wood core french doors that are each equipped with an automatic self-closing device and positive-latching hardware.

The full finished walk-out basement consists of a large living area, dining area, small kitchenette, one full bathroom and one resident bedroom. There are three sets of french doors located in the living area that exit directly to the backyard. The resident bedroom also has french doors that exit directly to the backyard. All basement exits are at grade, which makes the basement/home wheelchair accessible for a maximum of one resident. The basement also has its' own hot water heater and hot water radiant heating system, which are separated from the residents by two separate solid wood core doors that are equipped with an automatic self-closing device and positive-latching hardware.

All exits from the home are equipped with alarms. When the doors are opened, the alarms set off an audible sound on the main level of the home. The home is also equipped with an ADT burglar and fire alarm system.

There is one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and living area measured as follows:

Living Room	16' 7" x 18' 8" = 310 square feet	
Bedroom #1	10' 3" x 14' 2" = 145 square feet	1 resident
Bedroom #2	10' 3" x 14' 2" = 145 square feet	1 resident
Bedroom #3	14' 4" x 14' 7" = 209 square feet	1 resident

The facility has a private water supply and private sewage disposal system. The Livingston County Department of Public Health inspected the facility on 3/6/12 and gave the facility an "A" rating.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to three male and/or female residents. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living.

Michael Arnold is the applicant/licensee of the home. A criminal history background check was completed for the applicant and their responsible person. They have been determined to be of good moral character. The applicant and responsible person submitted statements from a physician documenting their good health and current TB negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other outside the home income and financial resources.

The applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

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 on call to provide supervision in relief. The applicant has indicated that for the original license of this 3-bed family home, there is adequate supervision with 1 responsible person on-site for three (3) residents. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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)), and the related documents required to be maintained in each employee's 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and 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 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, responsible person and direct care staff or volunteers and the retention schedule for all of the documents contained within the 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 their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

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.

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 discharge written 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 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 an accident involving 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 that a separate Resident Funds Part II (BCAL-2319) form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Michael Arnold has two years of experience being the primary caregiver for his aged mother, who was suffering from Alzheimer's. Mr. Arnold also has a certificate of completion for the Long-term Care Consumer Advocate Training Program through the Detroit Area Agency on Aging. Mr. Arnold reports that all resident files will be kept on the facility grounds.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

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

Christopher A. Holvey

8/6/12

Christopher Holvey
Licensing Consultant

Date

Approved By:

Mary Holton

8/6/12

Mary E Holton
Area Manager

Date