



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 3, 2012

Harold Morgan
Woodcroft Adult Foster Care LLC
PO Box 319
Flint, MI 48503

RE: Application #: AS250326493
Woodcroft AFC LLC
3034 Hawthorne Drive
Flint, MI 48503

Dear Mr. Morgan:

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 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
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250326493
Applicant Name:	Woodcroft Adult Foster Care LLC
Applicant Address:	3034 Hawthorne Drive Flint, MI 48503
Applicant Telephone #:	(810) 208-5398
Licensee Designee:	Harold Morgan
Name of Facility:	Woodcroft AFC LLC
Facility Address:	3034 Hawthorne Drive Flint, MI 48503
Facility Telephone #:	(810) 208-5398
Application Date:	05/17/2012
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

05/17/2012	Enrollment
05/24/2012	Application Incomplete Letter Sent FP, Corp
06/21/2012	Application Complete/On-site Needed
09/13/2012	Inspection Completed On-site
09/13/2012	Inspection Completed-BCAL Full Compliance

This facility is currently licensed as an adult foster care facility. This original study report is being completed due to a change in licensee from an individual to a LLC. Woodcroft Adult Foster Care, LLC was established on 5/25/12 with the resident agent being Evelyn Morgan. Harold Morgan has been identified as the Licensee Designee and Evelyn Morgan is the facility administrator.

This facility is a three story split ranch-style building located in the City of Flint, Michigan. 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 is not equipped with a ramp and is not wheelchair accessible.

This facility has the following rooms;

- 1) Full Kitchen with 306 sq. ft. of space.
- 2) Laundry room
- 3) Attached two car garage
- 4) Dining room measuring 143 sq. ft.
- 5) Family room measuring 240 sq. ft.
- 6) Living room measuring 208 sq. ft.
- 7) Sun room measuring 110 sq. ft.
- 8) One full bathroom on the main level, and two full bathrooms on the second level
- 9) Four Resident Bedrooms:
 - a) Bedroom #1 measures 192 sq. ft. and will have two resident beds.
 - b) Bedroom #2 measures 156 sq. ft. and will have one resident bed.
 - c) Bedroom #3 measures 182 sq. ft. and will have one resident bed.
 - d) Bedroom #4 measures 312sq. ft. and will have two resident beds.

B. Licensee designee and Licensee designee/ Administrator Qualifications

Harold Morgan, the licensee designee, has several years of experience working in adult foster care facilities with the proposed populations to be admitted to this facility. Mr. Morgan meets all of the requirements to be named as the licensee designee for this facility.

Evelyn Morgan has been identified as the administrator for this facility. Evelyn has been licensed as an individual to provide adult foster care services since 1992. Ms. Morgan meets all of the requirements to act as the administrator of this facility.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for the licensee designee or administrator. The licensee designee and administrator submitted 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 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.

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

The licensee designee 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee designee 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 licensee designee acknowledges their 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, the licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee designee, administrator or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

The licensee designee 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.

The licensee designee 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 licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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.

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 mentally ill, developmentally disabled, physically handicapped and aged. This facility will admit both males and female over the age of 18 years. 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 goals identified in their person centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. 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.

D. Rule/Statutory Violations

There are no rule violations at this time.

III. RECOMMENDATION

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




10/3/12

Kent W Gieselman
Licensing Consultant

Date

Approved By:



10/7/12

Mary E Holton
Area Manager

Date