



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 25, 2013

Krasinski AFC Home, Inc.
1002 Court St.
Saginaw, MI 48602

RE: Application #: AM730309971
Krasinski AFC Home
1002 Court St.
Saginaw, MI 48602

Dear Mr. Krasinski:

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 12 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) 373-2506.

Sincerely,

Kathryn A. Huber, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM730309971

Applicant Name: Krasinski AFC Home, Inc.

Applicant Address: 1002 Court St.
Saginaw, MI 48602

Applicant Telephone #: (989) 793-2447

Administrator/Licensee Designee: Tony Krasinski

Name of Facility: Krasinski AFC Home

Facility Address: 1002 Court St.
Saginaw, MI 48602

Facility Telephone #: (989) 793-2447

Application Date: 07/02/2010

Capacity: 12

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/02/2010	Enrollment
07/07/2010	Application Incomplete Letter Sent re: Corp. on web
07/07/2010	Contact - Document Sent rule book & act
07/07/2010	Application Incomplete Letter Sent re: rec. cl. for Tony
08/20/2010	Contact - Document Received rec. cl. for Tony-sent to Connie
08/24/2010	Inspection Report Requested - Fire
08/26/2010	Application Complete/On-site Needed
09/03/2010	Inspection Completed-Env. Health : A
09/23/2010	Application Incomplete Letter Sent
01/18/2011	Inspection Completed On-site
12/05/2011	Inspection Completed On-site
02/17/2012	Inspection Completed On-site
08/10/2012	Inspection Completed-BCAL Full Compliance
08/23/2012	Contact - Telephone call made Tony Krasinski stated he just got ok'd yesterday with the city electrical permits. .
11/15/2012	Inspection Completed-Fire Safety : A
12/07/2012	Contact - Document Received Medical Clearance for Licensee Tony Krrasinski
12/11/2012	Inspection Report Requested - Health
12/17/2012	SC-Application Received - Original
12/19/2012	Inspection Completed-Env. Health : A
01/04/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Krasinski AFC Home, Inc. is currently licensed as Krasinski AFC Home. The current Licensees are Gloria Krasinski and Tony Krasinski and has been in business since 06/12/1995.

Krasinski AFC Home, Inc. is located in the City of Saginaw on the west side. The home is owned by Tony and Stacy Krasinski. The facility is a large two story home located on the corner of Porter and Court Streets in Saginaw. There is ample parking on the right side of the facility, off of Porter Street.

The main floor of the facility has two large living areas, a sitting room, separate dining room, kitchen, two bedrooms and a full bathroom. The upstairs contains two semi-private bedrooms, two private bedrooms, and two full bathrooms. The capacity of this house will enable 12 developmentally disabled, mentally ill, aged and physically handicapped male or female residents to occupy the facility. The facility is heated with natural gas and has central air conditioning. The facility is barrier free and wheelchair users can be accepted.

The furnace and hot water heater are located upstairs in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Full fire safety approval was granted on 11/01/12.

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 SE	11'3" X 14'4"	161.25 sq. ft.	1
#2 Downstairs W	9'7' X 15"	143.75 sq. ft.	1
#3 Downstairs N	12' X 13' 2"	158 sq. ft.	2
#4 Upstairs NE	21'3' X 9'5"	198 sq. ft.	2
#5 Upstairs NW	12'7' X 13'5"	170 sq. ft.	1
#6 Upstairs Middle E	12'9' X 10"	127.5 sq. ft.	1
#7 Upstairs	11'2" X 14'3"	159.12 sq. ft.	2

SE			
#8 Upstairs SW	18'1" X 8'8"	156 sq. ft.	2

The living, dining, and sitting room areas measure a total of 713.92 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 twelve (12) 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 twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, aged, and/or physically handicapped 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. Rule/Statutory Violations

The applicant is Krasinski Home AC, Inc., which is a "For Profit Corporation" was established in Michigan on 08/04/10. 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.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted

a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/ 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 12-bed facility is adequate and includes a minimum of 2 staff from 5 am through the day and night until 1am. There will be one staff from 1am until 5 am. 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 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 all of 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.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

Kathryn A. Huber 03/25/13

_____ Date
 Kathryn A. Huber
 Licensing Consultant

Approved By:
Mary E. Holton 03/25/13

_____ Date
 Mary E Holton
 Area Manager