



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

July 18, 2013

Jony Veloso  
Veloso AFC Home LLC  
PO Box 4224  
Flint, MI 48504

RE: Application #: AS250338469  
Veloso AFC Home LLC  
2426 Flushing Road  
Flint, MI 48504

Dear Mr. Veloso:

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) 373-2506.

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 #:** AS250338469

**Applicant Name:** Veloso AFC Home LLC

**Applicant Address:** 2426 Flushing Road  
Flint, MI 48504

**Applicant Telephone #:** (810) 234-4330

**Licensee Designee:** Jony Veloso

**Name of Facility:** Veloso AFC Home LLC

**Facility Address:** 2426 Flushing Road  
Flint, MI 48504

**Facility Telephone #:** (810) 234-4330

**Application Date:** 01/30/2013

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

01/30/2013	Enrollment
02/06/2013	Application Incomplete Letter Sent app items 19, 20, & 50; FP & 1326 Jony; 1326 Marlene & Ana
03/08/2013	Contact - Document Received 1326 Jony & complete or corrected app.
03/20/2013	Application Incomplete Letter Sent
06/18/2013	Application Complete/On-site Needed
06/18/2013	Inspection Completed – BCAL Full Compliance
07/18/2013	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is currently licensed as an adult foster care facility. This original study report is being completed due to a change of license type. Jony Veloso is the current licensee and will be the licensee designee for this license upon issuance.

This facility is a two story 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. Mr. Veloso's personal living area is also located in the basement of this facility. This facility utilizes public water and sewer systems.

This facility is not equipped with a ramp for wheelchair accessibility. This facility has the following rooms;

- 1) Full Kitchen
- 2) Laundry room
- 3) Detached two car garage.
- 4) Dining room measuring 154 sq. ft.
- 5) Family room measuring 216 sq. ft.
- 6) Two full bathrooms with one located on each floor for resident use.
- 7) Three Resident Bedrooms:
  - a) Bedroom #1 is on the first floor and measures 132 sq. ft. and will have two resident beds.

- b) Bedroom #2 is on the second floor and measures 175 sq. ft. and will have two resident beds.
- c) Bedroom #3 is on the second floor and measures 190 sq. ft. and will have two resident beds.

## **B. Licensee designee and Licensee designee/ Administrator Qualifications**

Jony Veloso has been licensed at this facility since 1/8/99 as an individual licensee. Mr. Veloso will be the licensee designee upon issuance of this license.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for the licensee designee. The licensee designee submitted a statement from a physician documenting his 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](http://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 and physically handicapped. This facility will admit both males and female over the age of 18 years with a diagnosis of mentally ill, developmentally disabled, physically handicapped and aged. 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.

#### **IV. RECOMMENDATION**

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



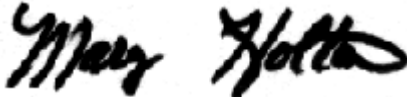
7/18/13

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



7/19/13

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Mary E Holton  
Area Manager

Date