



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

August 8, 2013

Brett Anderson and LaTonda Anderson  
7435 Waterfall Drive  
Grand Blanc, MI 48439

RE: Application #: AS250339782  
Granny's Place  
3314 Hampshire Avenue  
Flint, MI 48504

Dear Brett Anderson and LaTonda Anderson:

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,

Lisa Gundry, Licensing Consultant  
Bureau of Children and Adult Licensing  
4809 Clio Road  
Flint, MI 48504  
(810) 931-1220

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250339782
<b>Applicant Name:</b>	Brett Anderson and LaTonda Anderson
<b>Applicant Address:</b>	7435 Waterfall Drive Grand Blanc, MI 48439
<b>Applicant Telephone #:</b>	(810) 610-0656
<b>Administrator/Licensee Designee:</b>	Brett Anderson
<b>Name of Facility:</b>	Granny's Place
<b>Facility Address:</b>	3314 Hampshire Avenue Flint, MI 48504
<b>Facility Telephone #:</b>	(810) 610-0656
<b>Application Date:</b>	04/22/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

04/22/2013	Enrollment
04/25/2013	Application Incomplete Letter Sent FP & 1326 Brett & LaTonda
06/04/2013	Lic. Unit received criminal history file from review NS Conviction for Brett Anderson- 1995 DUI, Possess. of Cannabis 20 grams or Less, and Drug Parap. 1996 Convictions for Misd. Larceny, CCW, Possess. Cannabis 20 grams or Less, Lic. Susp. and No Valid Tags (All in Florida). And then a 2002 OV-DWLS. NS and continue processing.
06/04/2013	Application Complete/On-site Needed
06/24/2013	Application Incomplete Letter Sent
07/18/2013	Inspection Completed On-site
07/18/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Granny's Place is a four bedroom home located at 3314 Hampshire, Flint in Genesee County. The home is located in a well-established subdivision on a large lot. The physical plant is a one story vinyl and brick-sided structure with a partly-finished basement. It consists of a living room area, an eat-in dining room, kitchen, and four resident bedrooms. The home has one full bathroom. The bathroom has a shower and is located in the main hallway by the bedrooms. Each bedroom has a closet or wardrobe. The facility has adequate storage areas. There is an attached garage which may be used for additional storage areas. There is a driveway with adequate parking for staff and visitors.

The home has a furnace and hot water heater, which are located in the basement. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The laundry facilities are located in the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

The facility has a municipal water and sewer system. The facility was determined to be in substantial compliance with all applicable rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
SE Bedroom 1	9 x 10'9	97	1
NW Bedroom 2	12'5 x 10'7	131	2
NE Bedroom 3	11'1 x 9'1	100	1
SE1 Bedroom 4	12'10 x 16'4	210	2

The eat-in dining area measures 11 x 8, which is 88 square feet. This area can seat six (6) residents. The front living room provides 220 square feet. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were adequately furnished, clean, and met all applicable rules relating to environmental and fire safety requirements.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.1502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This facility is wheelchair accessible. As part of the licensing process, two of the primary means of egress from the home have been equipped with a wheelchair ramp. The ramp was inspected at the time of the final inspection and conforms to the requirements of Rule 400.14319.

## **B. Program Description**

The applicant's, Brett and LaTonda Anderson, submitted a copy of the required documentation to the consultant. 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 **six (6)** male or female ambulatory or non-

ambulatory adults whose are Aged (ages 55 and over), Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

Granny's Place will ensure that the resident's transportation and medical needs are met. Granny's Place has transportation available for residents to access community-based resources and services. 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. Applicant Qualifications**

On 4/24/2013, Brett and LaTonda Anderson submitted an application to provide foster care services to six adults at 3314 Hampshire Flint, Michigan.

The applicant's previously operated an adult foster care home at this address from 08/07/2012 to 02/04/2013. The applicant's 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.

The applicant's submitted a written statement naming Brett and LaTonda Anderson as the licensee designee's and Brett Anderson as the facility administrator. Both applicant's submitted a licensing record clearance request that was completed with no LEIN convictions recorded. They also submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results. The Anderson's 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. 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 1-to-6 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.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 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.

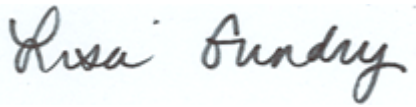
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule and 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 small group home (capacity 1-6).



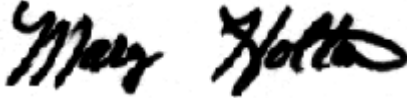
8/8/2013

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Lisa Gundry  
Licensing Consultant

Date

Approved By:



8/13/2013

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Mary E Holton  
Area Manager

Date