



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

August 23, 2013

Tricia Pratt and Sherry Pratt  
2602 Douglass St.  
Saginaw, MI 48601

RE: Application #: AS730338751  
Home Away From Home AFC  
1122 Hoyt St.  
Saginaw, MI 48601

Dear Ms. Tricia Pratt and Ms. Sherry Pratt:

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,

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 #:** AS730338751

**Applicant Name:** Tricia Pratt and Sherry Pratt

**Applicant Address:** 2602 Douglass St.  
Saginaw, MI 48601

**Applicant Telephone #:** (989) 213-2251

**Administrator/Licensee Designee:** Tricia Pratt

**Name of Facility:** Home Away From Home AFC

**Facility Address:** 1122 Hoyt St.  
Saginaw, MI 48601

**Facility Telephone #:** (989) 213-2251  
02/20/2013

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODOLOGY

02/20/2013	Enrollment
02/28/2013	Inspection Report Requested - Health Inv.1021284.
02/28/2013	Lic. Unit file referred for criminal history review Tricia.
03/01/2013	Application Complete/On-site Needed
03/01/2013	File Transferred To Field Office Saginaw.
03/01/2013	Contact - Document Sent Act & Rules.
03/06/2013	Application Incomplete Letter Sent
04/30/2013	Inspection Completed On-site
04/30/2013	Inspection Completed-BCAL Sub. Compliance
07/23/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Tricia Pratt owns the property at 1122 Hoyt Avenue, Saginaw, Michigan. The home is a two story home built on a basement. The property is located in the City of Saginaw. The home has city water and sewer. The home is in very good repair and will enable four (4) residents to occupy two semi-private rooms, and two (2) residents to occupy private rooms. A full bathroom is located on the first and second floors. The facility is not wheelchair accessible and wheelchair residents will not be accepted.

The furnace and hot water heater are located in the basement 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 back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Downstairs #1	12' X 10'	120 sq. ft.	1

Downstairs #2	12' X 12'	144 sq. ft.	2
Upstairs #3	16' X 12'	192 sq. ft.	1
Upstairs #4	12 X 12	144 sq. ft.	2

The living, dining, and sitting room areas measure a total of 479 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 **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is mentally impaired, aged, and/or diagnosed with Alzheimer's, over the age of 18 years. Ambulatory only residents will be accepted. 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. Applicant and Administrator Qualifications**

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A licensing record clearance request was completed with no lein convictions recorded for the applicants/administrator. The applicants/ administrator submitted a medical

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

The applicants/ 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 six-bed facility is adequate and includes a minimum of one staff –to-six residents per shift. All staff shall be awake during sleeping hours.

The applicants acknowledge 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 applicants 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.identogo.com](http://www.identogo.com)) (Formerly L-1Enrollment, by Morpho Trust), 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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.

