



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 3, 2014

Lisa Moorhouse
8358 E Atherton Road
Davison, MI 48423

RE: Application #: AF250337711
A Place to Remember
9235 Lapeer Road
Davison, MI 48423

Dear Ms. Moorhouse:

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) 284-9720.

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 #: | AF250337711 |
| Applicant Name: | Lisa Moorhouse |
| Applicant Address: | 8358 E Atherton Road Davison, MI 48423 |
| Applicant Telephone #: | (810) 618-0887 |
| Name of Facility: | A Place to Remember |
| Facility Address: | 9235 Lapeer Road Davison, MI 48423 |
| Facility Telephone #: | (810) 618-0887 |
| Application Date: | 11/26/2012 |
| Capacity: | 6 |
| Program Type: | AGED ALZHEIMERS |

II. METHODOLOGY

| | |
|------------|--|
| 11/26/2012 | Enrollment |
| 11/30/2012 | Application Incomplete Letter Sent application, 1326 Shirley Walker, responsible person |
| 03/19/2013 | Inspection Report Requested - Health |
| 04/04/2013 | Inspection Completed-Env. Health : A |
| 05/08/2013 | Application Incomplete Letter Sent |
| 11/07/2013 | Contact - Document Sent 10 Day letter sent |
| 04/03/2014 | Inspection Completed On-site |
| 04/03/2014 | Inspection Completed-BCAL Full Compliance |
| 04/03/2014 | Exit Conference |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level ranch style building located in the City of Davison Michigan. This facility is located within walking distance of several local businesses and community resources. This facility is wheel chair accessible. There are two full bathrooms located in this facility and there is also adequate laundry facilities to meet the residents' needs. The dining room and kitchen areas meet the licensing requirements for six residents. This facility is heated by a boiler system located in the basement, and the boiler was inspected on 11/26/13 by Davison Heating and Cooling and is in proper working condition. Floor separation has been established by a metal solid core door with self-closing mechanism at the top of the basement stairs. The applicant living quarters is also located in the basement of this facility.

The room space available is as follows:

| <u>Location</u> | <u>Dimensions</u> | <u>Square Footage</u> | <u>Capacity</u> |
|-----------------|-------------------|-----------------------|-----------------|
| Bedroom 1 | 13'X16' | 208 Sq. Ft. | 2 |
| Bedroom 2 | 16'X19' | 304 Sq. Ft. | 2 |
| Bedroom 3 | 16'X19' | 304 Sq. Ft. | 2 |
| Living room | 20'X26' | 520 Sq. Ft. | |
| Sitting Room | 20'X22' | 440 Sq. Ft. | |

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) residents, whose diagnosis is aged or Alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant has submitted a separate program statement to address the needs of the Alzheimer's population that is in compliance with licensing rules.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no criminal convictions recorded for the applicant. The applicant and responsible persons submitted a medical clearance request with 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 income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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), 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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant 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 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 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 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 family home (capacity 1-6).



4/3/14

Kent W Gieselman
Licensing Consultant

Date

Approved By:



4/03/14

Mary E Holton
Area Manager

Date