



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 14, 2014

Rochelle Molyneaux
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: Application #: AS440361906
North Branch
320 Dockham Rd
Columbiaville, MI 48421

Dear Ms. Molyneaux:

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 #:	AS440361906
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555 Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Licensee Designee:	Rochelle Molyneaux
Administrator:	Rochelle Molyneaux
Name of Facility:	North Branch
Facility Address:	320 Dockham Rd Columbiaville, MI 48421
Facility Telephone #:	(810) 688-3868
Application Date:	06/10/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/10/2014	On-Line Enrollment
06/11/2014	Contact - Document Sent Rule and Act Books
06/11/2014	Inspection Report Requested - Health 1023149
06/11/2014	File Transferred To Field Office Flint
06/27/2014	Application Incomplete Letter Sent
07/08/2014	Inspection Completed-Env. Health : A
07/09/2014	Application Complete/On-site Needed
07/10/2014	Inspection Completed On-site
07/10/2014	Inspection Completed-BCAL Full Compliance
07/10/2014	Exit Conference
07/14/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story building with a “walk out” lower level located in a rural area of Lapeer County near the town of Otisville, 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 basement 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.

This facility is equipped with a ramp for wheelchair accessibility and a second means of egress which is at ground level. This facility has the following rooms;

- 1) Full Kitchen
- 2) Laundry room
- 3) Staff office measuring 138 sq. ft.

- 4) Dining room measuring 165 sq. ft.
- 5) Living room measuring 215 sq. ft.
- 6) One full bathroom located in the hallway containing the resident bedrooms.
- 7) Each Resident bedroom also contains a half-bath.
- 8) Five Resident Bedrooms:
 - a) Bedroom #1 measures 138 sq. ft. and will have one resident bed.
 - b) Bedroom #2 measures 161 sq. ft. and will have one resident bed.
 - c) Bedroom #3 measures 138 sq. ft. and will have one resident bed.
 - d) Bedroom #4 measures 106 sq. ft. and will have one resident bed.
 - e) Bedroom #5 measures 180 sq. ft. and will have two resident beds.

B. Licensee designee and Licensee designee/ Administrator Qualifications

The licensee designee and administrator for this facility is Rochelle Molyneaux. Ms. Molyneaux is also the licensee designee for other adult foster care facilities owned by the applicant and meets all of the requirements for qualification of this position.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for the licensee designee or administrator. The licensee designee and administrator submitted 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 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), 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 and developmentally disabled. This facility will admit both males and female over the age of 18 years. 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).

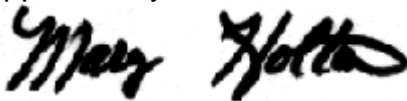


7/14/14

Kent W Gieselman
Licensing Consultant

Date

Approved By:



7/15/14

Mary E Holton
Area Manager

Date