



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

March 23, 2015

Magline Whitley
914 Lapeer Ave.
Saginaw, MI 48607

RE: Application #: AM730347313
Whitley AFC I
215 S. 3rd.
Saginaw, MI 48607

Dear Ms. Whitley:

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 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AM730347313 |
| Applicant Name: | Magline Whitley |
| Applicant Address: | 215 S. 3rd. Saginaw, MI 48607 |
| Applicant Telephone #: | (989) 397-6321 |
| Administrator/Licensee Designee: | Magline Whitley |
| Name of Facility: | Whitley AFC I |
| Facility Address: | 215 S. 3rd. Saginaw, MI 48607 |
| Facility Telephone #: | (989) 752-0056 |
| Application Date: | 08/22/2013 |
| Capacity: | 12 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 08/22/2013 | Enrollment |
| 08/30/2013 | Application Incomplete Letter Sent |
| 08/30/2013 | Contact - Document Sent Act&Rules. |
| 09/23/2013 | Lic. Unit file referred for criminal history review |
| 11/15/2013 | Inspection Report Requested - Fire |
| 12/10/2013 | Application Incomplete Letter Sent 2ndReq: |
| 05/14/2014 | Contact - Telephone call received |
| 05/15/2014 | Contact - Telephone call received |
| 05/19/2014 | Inspection Report Requested - Health Inv.1023043/consultant email,5/15/2014. |
| 05/19/2014 | Contact - Document Sent Fire Safety String. |
| 05/19/2014 | File Transferred To Field Office Mt. Pleasant. |
| 05/19/2014 | Application Complete/On-site Needed |
| 12/12/2014 | Inspection Completed On-site Initial onsite |
| 12/17/2014 | Inspection Report Requested - Fire Email on file shows not required to have plan review. |
| 12/17/2014 | Inspection Report Requested - Health Previous inspection over 1 year old. |
| 12/23/2014 | Contact - Telephone call received BFS Dan Stasa - 3 pull stations required; basement door closer |
| 12/23/2014 | Contact - Telephone call made To applicant - re: BFS requirements |
| 01/07/2015 | Inspection Completed-Env. Health : B Received by consultant on 1/14/15 |

| | |
|------------|---|
| 01/14/2015 | Contact - Telephone call received Applicant reports 3 pull stations installed today. |
| 03/05/2015 | Contact - Telephone call received M. Stasa, BFS - policies still needed, but all else is corrected. |
| 03/10/2015 | Inspection Completed On-site Full Compliance |
| 03/12/2015 | Contact – Document received Confirmation of zoning approval |
| 03/12/2015 | Contact – Telephone call made M. Stasa, BFS – approval until next scheduled inspection issued 3/6/15. |
| 03/23/2014 | Variance approved Variance approved for BFS and environmental health. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Whitley AFC 1 is an older two-story building located in the city of Saginaw, with access to city services including public transportation. The home has a brick exterior and a fenced yard; parking is available at the rear of the facility and on the street. The home has been licensed as an Adult Foster Care Home since 1988 when it was first licensed to the previous owner, Dorothy Whitley. The current applicant submitted an application to license this facility after Dorothy Whitley's death. The home is zoned as part of the Riverfront Mixed Use area of the City of Saginaw, which permits small and large adult foster care homes. On 3/12/15, I received confirmation from the City of Saginaw Planning and Zoning that this property is approved for use as an adult foster care home for up to 12 residents.

The facility was inspected by the Bureau of Fire Services and received approval until the next scheduled inspection on 3/6/15. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A pull-station is located on each floor of the facility. The home has city water and sewer services. The local sanitarian from the Saginaw County Department of Public Health inspected the facility on 1/7/15 and issued approval until the next annual inspection. During my onsite inspection on 3/10/15 I verified that areas cited in the Environmental Health Inspection Report had been corrected. The home is heated by a natural gas boiler system, which was inspected and approved on 1/28/15.

The main floor of the facility has an office to the left of the front entrance, a large living room (23.25' x 13.67'), dining room (12.2' x 18.7'), and kitchen. Entrance to the basement is from a door off the kitchen. One three-bed resident bedroom is located on the main floor, as is an employee bedroom. There is a full bathroom on this level, also.

The second floor of the home has four resident bedrooms and one full bath with shower. There is an exit from the second floor directly to the outside, as required.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------------------|-----------------|----------------------|---------------------|
| 1 st floor | 14' x 15.3' | 214.2 sq.ft. | 3 |
| 2 nd fl NE | 11.3' x 13' | 146 sq.ft. | 2 |
| 2 nd fl NW | 14' x 14' | 196 sq.ft. | 2 |
| 2 nd fl SE | 11.5' x 13.4' | 154 sq.ft. | 2 |
| 2 nd fl SW | 15.4' x 14' | 215.6 sq.ft. | 3 |

Residents of the two bedrooms with three beds in them have signed statements in their files agreeing to occupancy in a three-bed bedroom, as required by Rule 409(6). The living (317.8 sq.ft.) and dining room (228.1 sq.ft.) areas measure a total of 575 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 **twelve (12)** 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. Magline Whitley intends to provide 24-hour supervision, protection and personal care to **twelve (12)** male or female ambulatory adults over 18 years of age whose diagnosis is developmentally disabled or mentally impaired or who require foster care due to being of advanced age, in the least restrictive environment possible. 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 local agencies or private individuals.

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 assure that transportation for program and medical needs is provided. 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

Applicant Magline Whitley will be the licensee and administrator of the facility. Ms. Whitley has served as licensee and administrator for Magline Whitley AFC (AS730076880) since 1998. The applicant has 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.

A licensing record clearance request was completed with no lien convictions recorded for Ms. Whitley. Ms. Whitley also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of one staff to 12 residents per shift. Live-in staff are available but not necessarily awake during sleeping hours. Ms. Whitley has noted that current residents do not require the supervision of awake staff during sleeping hours, but also stated that awake staff would be provided if residents' need for supervision or care changed. Ms. Whitley indicated she does not intend to admit residents who require nighttime awake staff.

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 –to- 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), and the related documents required to be maintained in each employee's 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 her 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 her 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 her 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 her 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 her 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 her 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.

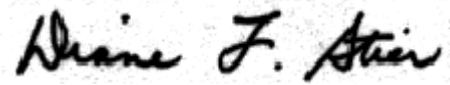
The applicant acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 – 12).

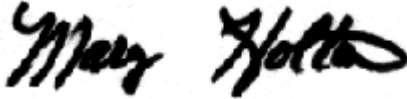


Diane L Stier
Licensing Consultant

March 23, 2015

Date

Approved By:



March 24, 2015

Mary E Holton
Area Manager

Date