



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

March 31, 2015

Kimberley Pemberton
5640 Meadow View St
Sterling Heights, MI 48310

RE: Application #: AS500366930
Golden AFC
5640 Meadow View St
Sterling Heights, MI 48310

Dear Mrs. Pemberton:

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 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 (248) 975-5053.

Sincerely,

Roeiah Epps, Licensing Consultant
Bureau of Children and Adult Licensing
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1776

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500366930
Licensee Name:	Kimberley Pemberton
Licensee Address:	5640 Meadow View St Sterling Heights, MI 48310
Licensee Telephone #:	(586) 264-8524
Administrator:	Kimberley Pemberton
Name of Facility:	Golden AFC
Facility Address:	5640 Meadow View St Sterling Heights, MI 48310
Facility Telephone #:	(586) 264-8524
Application Date:	10/09/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/09/2014	On-Line Enrollment
10/14/2014	Contact - Document Sent Rules & Act booklets
10/14/2014	Application Incomplete Letter Sent Received clearance for Kimberley P.
10/23/2014	Contact - Document Received Received clearance for Kimberley
10/27/2014	Application Complete/On-site Needed
10/30/2014	Contact - Document Received Licensing file received from Central Office 10/30/14
12/18/2014	Application Incomplete Letter Sent
03/06/2015	Inspection Completed-BCAL Full Compliance
03/23/2015	Contact - Document Received Current Financials

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a suburban community of Sterling Heights, on Meadow View Street, north of the I-696 freeway. The facility is a newly renovated home with vinyl siding on a residential lot. The home is located in the rear of the licensee's family home. The living and dining space in the home contains 630 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is not wheelchair accessible.

The bedroom space is as follows:

Location	Dimensions	Square Footage	Capacity
Bedroom #1	15' x 8'8"	132 sq. ft.	2
Bedroom #2	15' x 8'8"	132 sq. ft.	2
Bedroom #3	15' x 8'8"	132 sq. ft.	2

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six ambulatory residents whose diagnoses are mentally ill and developmentally disabled. The program will include social interaction, personal hygiene care and transportation.

C. Applicant and Administrator Qualifications

The applicant and administrator is Kimberley Pemberton. 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 a projected budget.

A licensing record clearance was completed and the licensee designee and administrator has good moral character. The licensee designee and administrator submitted physician statement documents for herself documenting good health and current TB test with negative results.

The licensee designee and administrator provided verification of her education and years of experience working with mentally ill and developmentally disabled adults. Mrs. Pemberton has provided direct-care services to AFC residents specific to her program type since 2001. The licensee designee and administrator also supplied verification of the necessary hours for training.

The licensee designee and administrator acknowledged her responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The licensee designee and administrator was instructed about background check requirements. The licensee designee and administrator was 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 acknowledged and understands the administrative rules regarding medication procedures. In addition, she indicated that residents' medications will be stored in a locked cabinet. A daily medication log will be maintained.

The licensee designee understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them. The licensee designee acknowledged awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The licensee designee has indicated that it is her intention to maintain compliance with this requirement.

The licensee designee and administrator acknowledged it is her responsibility to maintain required resident records.

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

IV. RECOMMENDATION

I recommend issuance of a temporary small group adult foster care license with a capacity of six residents.

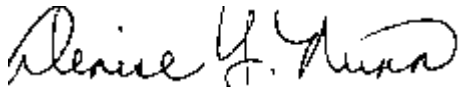


3/30/15

Roeiah Epps
Licensing Consultant

Date

Approved By:



03/31/2015

Denise Y. Nunn
Area Manager

Date