



RICK SNYDER  
GOVERNOR

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



NICK LYON  
INTERIM DIRECTOR

April 9, 2015

Betty Holmes  
Heavenly Realm Family Services  
PO Box 3506  
Saginaw, MI 48602

RE: Application #: AS730370289  
Heavenly Realm 5  
1814 Cherry Street  
Saginaw, MI 48601

Dear Ms. Holmes:

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 **5** is issued, effective 4/8/15.

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 #:** AS730370289

**Applicant Name:** Heavenly Realm Family Services

**Applicant Address:** 2236 Hammel Street  
Saginaw, MI 48601

**Applicant Telephone #:** (989) 714-9046

**Administrator/Licensee Designee:** Betty Holmes, Designee

**Name of Facility:** Heavenly Realm 5

**Facility Address:** 1814 Cherry Street  
Saginaw, MI 48601

**Facility Telephone #:** (989) 714-9046

**Application Date:** 12/12/2014

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

12/12/2014	Enrollment
12/23/2014	Application Incomplete Letter Sent App/Facility Street Address.
12/23/2014	Contact - Document Sent Act&Rules.
01/20/2015	Contact - Document Received App w Facility Address.
01/22/2015	Application Complete/On-site Needed
01/22/2015	File Transferred To Field Office Saginaw.
01/28/2015	Inspection Completed On-site
03/12/2015	Contact - Telephone call received Applicant reports all corrections to physical plant made.
03/24/2015	Inspection Completed On-site Items still needed.
03/31/2015	Inspection Completed On-site Final
03/31/2015	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Heavenly Realm 5 is a two-story frame home located in a residential neighborhood in the city of Saginaw. Residents will have access to public transportation and city services.

The furnace and hot water heater are located at the rear of the facility in a room that is constructed of material that has a 1-hour-fire-resistance rating, with a non-closable vent for fresh air intake, and a 20-minute rated fire door with automatic closer. This room also contains the washer and dryer. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The first floor of the home, which is five steps above ground level, has a living room (15.6' x 16.5'), dining room (10.2' x 15'), kitchen, medication room, full bathroom, and two resident bedrooms in addition to the laundry/furnace room. The second floor has two resident bedrooms and a bathroom with shower. The home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 <sup>st</sup> fl – N	9.8' x 8' + 4.7' x 3'	78.4 + 14.1 = 92.5 sq.ft.	1
1 <sup>st</sup> fl – S	11.4' x 10.2'	116.3 sq.ft.	1
2 <sup>nd</sup> fl – W	11.5' x 12.9'	148.3 sq.ft.	2
2 <sup>nd</sup> fl – E	8.8' x 9.1'	80.1 sf	1

The living, dining, and sitting room areas measure a total of 410 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 **five** 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 **five** male or female ambulatory adults over 18 years of age whose diagnosis is developmentally disabled or mentally impaired, 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.

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 applicant is Heavenly Realm Family Services Inc., which is a “Non Profit Corporation” and was established in Michigan, on 1/10/2011. This corporation currently has licenses for four other licensed AFC facilities. The corporation has appointed Betty Holmes as both Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed for Ms. Holmes. She also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Holmes 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 five-bed facility is adequate and includes a minimum of one staff to five residents per shift. All staff shall be awake during sleeping hours.

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](http://www.miltcpartnership.org)), 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 applicant acknowledges 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 applicant acknowledges 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 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 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.

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 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 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.

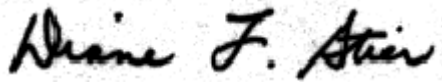
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **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/large group home (capacity 1 - 20).

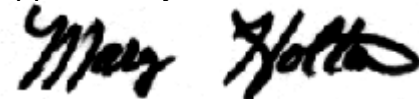


Diane L Stier  
Licensing Consultant

April 3, 2015

Date

Approved By:



April 8, 2015

Mary E Holton  
Area Manager

Date