



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

April 16, 2015

Carolyn Frisby
9378 Lyle Meadow Lane
Clio, MI 48420

RE: Application #: AF250372767
Carolyn Assisted Living AFC
9378 Lyle Meadow Lane
Clio, MI 48420

Dear Ms. Frisby:

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 4 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,

A handwritten signature in cursive script, appearing to read "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF250372767
Applicant Name:	Carolyn Frisby
Applicant Address:	9378 Lyle Meadow Lane Clio, MI 48420
Applicant Telephone #:	(810) 399-9515
Name of Facility:	Carolyn Assisted Living AFC
Facility Address:	9378 Lyle Meadow Lane Clio, MI 48420
Facility Telephone #:	(810) 399-9515
Application Date:	02/05/2015
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

02/05/2015	Enrollment
02/10/2015	Inspection Report Requested - Health 1023932
02/10/2015	Application Incomplete Letter Sent 1326 for Rick Testly
02/10/2015	PSOR on Address Completed
02/18/2015	Contact - Document Received 1326 for Rickey Tasley
02/18/2015	File Transferred To Field Office Flint
02/18/2015	Contact - Document Sent Rule and Act books
03/02/2015	Application Incomplete Letter Sent
03/11/2015	Inspection Completed-Env. Health : A
04/16/2015	Application Complete/On-site Needed
04/16/2015	Inspection Completed On-site
04/16/2015	Inspection Completed-BCAL Full Compliance
04/16/2015	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story ranch style home located in a residential neighborhood in Clio, MI. This facility is located within a few minutes' drive from several local businesses and community resources. This facility is not wheel chair accessible. This facility contains three bedrooms on the ground level that will be used for resident bedrooms. The bedroom dimensions are as follows;

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
Bedroom 1	15'X14'	210 Sq. Ft.	1
Bedroom 2	13'X12'	156 Sq. Ft.	1
Bedroom 3	19'X16'	304 Sq. Ft.	2

This facility has a living room measuring 360 Sq. Ft. and a kitchen and dining room with adequate space for four residents. This facility has one full bathroom and one half bathroom located on the ground level. The basement is a full and finished basement and the applicant's personal living quarters are located in the basement. The basement of this facility also contains a mechanical room where the furnace and hot water heater are located. The mechanical room has a 1 3/4 inch solid core door with a self-closing mechanism. The laundry area is also located in the mechanical room and is adequate to meet the needs of four residents.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is aged, mentally ill and developmentally disabled. The applicant has stated that she will admit male and female residents ages 18 to 99. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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 LEIN 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 4 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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home with a capacity of 4 residents.

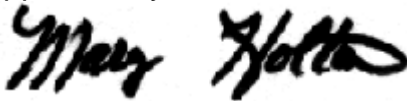


4/16/15

Kent W Gieselman
Licensing Consultant

Date

Approved By:



4/17/15

Mary E Holton
Area Manager

Date