



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

May 5, 2015

Tanisha Johnson
Victory AFC I, LLC
14 Victory Court
Saginaw, MI 48602

RE: Application #: AS730362423
Victory AFC II, LLC
2525 Mackinaw Street
Saginaw, MI 48602

Dear Ms. Johnson:

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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Health Care Services
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS730362423

Applicant Name: Victory AFC I, LLC

Applicant Address: 14 Victory Court
Saginaw, MI 48602

Applicant Telephone #: (989) 971-9333

Administrator/Licensee Designee: Tanisha Johnson

Name of Facility: Victory AFC II, LLC

Facility Address: 2525 Mackinaw Street
Saginaw, MI 48602

Facility Telephone #: (989) 971-9333
06/19/2014

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/19/2014	Enrollment
06/24/2014	Application Incomplete Letter Sent IRSltr/FEIN,App/Administrator,1326/LD&Admin.
06/24/2014	Contact - Document Sent Act&Rules.
07/07/2014	Application Complete/On-site Needed
07/07/2014	File Transferred To Field Office Saginaw.
07/21/2014	Application Incomplete Letter Sent
03/05/2015	Inspection Completed On-site
03/05/2015	Inspection Completed-BCAL Sub. Compliance
03/26/2015	Inspection Completed On-site
04/02/2015	Lic. Unit file referred for criminal history review 1326 for Eileen Johnson
04/06/2015	Application Incomplete Letter Sent GMC Letter sent for Eileen Johnson for 1980 Felony Smuggle Contraband into Prison/County Jail.
04/13/2015	Inspection Completed-BCAL Full Compliance
05/04/2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSION

A. Physical Description of Facility

Victory AFC II is located in the residential area of Saginaw Township. The home was built on a basement and is a ranch style home. The home consists of three bedrooms, one full bathroom, a living room, dining room and kitchen. The facility will allow six residents to occupy three semi-private rooms.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The furnace was inspected on March 13, 2015 and determined to be fully operational. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12'5" X 12'6"	155.2	2
#2	14' X 10' 10"	151.6	2
#3	17'9" X 24'10"	440.7	2

The living, dining, and sitting room areas measure a total of 369.4 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 **six** 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 **six** male or female ambulatory adults, ages 18 and up, whose diagnosis is developmentally disabled or mentally impaired, aged, and/or diagnosed with Alzheimer's in the least restrictive environment possible. This home is not wheelchair accessible and therefore cannot accommodate residents that regularly require the use of a wheelchair. 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 Community Mental Health Authority, hospitals, and nursing homes.

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 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. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

The applicant is Victory AFC, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 12/04/2014. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Victory AFC, L.L.C., has submitted documentation appointing Tanisha Johnson as Licensee Designee/administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff –to – six 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.identogo.com) (Formerly L-1Enrollment, by Morpho Trust), 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

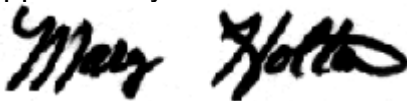


05/04/15

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



05/05/15

Mary E Holton
Area Manager

Date

