



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

November 9, 2015

Kathey Burns
P. O. Box 472
Saginaw, MI 48606

RE: Application #: AF730366616
K & K Adult Foster Care Services
2202 Burt Street
Saginaw, MI 48601

Dear Ms. Burns:

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 that reads "Ronald R. Verhelle".

Ronald R. Verhelle, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF730366616
Applicant Name:	Kathey Burns
Applicant Address:	2202 Burt Street Saginaw, MI 48601
Applicant Telephone #:	(989) 860-2334
Name of Facility:	K & K Adult Foster Care Services
Facility Address:	2202 Burt Street Saginaw, MI 48601
Facility Telephone #:	(989) 860-2334
Application Date:	09/22/2014
Capacity:	4
Program Type:	ALZHEIMERS AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/22/2014	Enrollment
03/12/2015	Inspection Completed On-site
03/12/2015	Inspection Completed-BCHS Substantial Compliance
08/06/2015	Inspection Completed On-site
08/06/2015	Inspection Completed-BCHS Substantial Compliance
09/28/2015	Inspection Completed - On-site
09/28/2015	Inspection Completed - BCHS Substantial Compliance
11/05/2015	Inspection Completed - Onsite
11/05/2015	Inspection Completed - BCHS Full Compliance
11/05//2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property located at 2202 Burt St., Saginaw is owned by Kathey Burns. The home is located in a mature neighborhood near downtown Saginaw. This single story home is vinyl sided with ample off street parking. The home contains a living room, provider room, kitchen and dining area, bathroom, laundry room, hot water heater closet, 1 semiprivate and 2 private bedrooms. The capacity of the home will enable 4 aged and or physically handicapped female adults with or without Alzheimer's to occupy 1 semiprivate and 2 private bedrooms. The home is heated with natural gas and cooled with air-conditioning. The home utilizes public sewage and water systems. The home is not barrier free and wheelchair users cannot be accepted for admission.

The furnace is located in the crawl space which is accessed from the outside of the home. The natural gas furnace was inspected by a licensed mechanical contractor on June 1, 2015, and determined to be in good operational condition. The hot water heater is located in a closet and is protected by a fire rated door approved by the Bureau of Fire Services that is equivalent to a 1 ¾ inch solid core wood door. The home is equipped with battery powered, single station smoke detectors located near sleeping areas, kitchen, laundry, hot water heater closet, and furnace area. A fire extinguisher is located in the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8' 5" x 20"	168.32	2
2	8' 7" x 12' 4"	105.83	1
3	13' 4" x 11' 8"	155.43	1

The living, dining, and sitting room areas measure a total of 218.125 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 **four** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The home cannot accommodate residents who regularly require the use of wheelchairs.

On November 5, 2015, I determined K & K adult Foster Care Services to be in full compliance with the Environmental Health Rules, Fire Safety Rules, and Maintenance of Premises Rules for Adult Foster Care.

Emergency medical, social, educational, and recreational services are abundantly available within the City of Saginaw. This would include hospitals, mental health clinics, aging services, community education programs, and recreational programs.

B. Program Description

Ms. Burns intends to provide 24-hour supervision, protection and personal care to four ambulatory residents, whose diagnosis is aged, physically handicapped, or Alzheimer's. An Alzheimer's Disclosure Statement was developed and submitted to the department. 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 Kathey Burns, applicant. Ms. Burns and her responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results. Ms. Burns and her responsible person are trained in

handling emergency situations as evidenced by current cardiopulmonary resuscitation and first aid certification.

Ms. Burns 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 savings and outside employment.

Ms. Burns acknowledges an 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 (6) 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.

Ms. Burns acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Burns acknowledges 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.

Ms. Burns acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Ms. Burns 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.

Ms. Burns acknowledges her 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, Ms. Burns acknowledges her 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.

Ms. Burns 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.

Ms. Burns 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.

Ms. Burns acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Burns indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Burns 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. Ms. Burns 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.

Ms. Burns acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

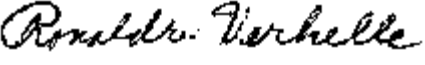
Ms. Burns acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Ms. Burns 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.

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 adult foster care family home (capacity 6).



November 5, 2015
Date
Ronald R. Verhelle
Licensing Consultant

Approved By:


November 6, 2015
Date
Mary E. Holton
Area Manager