



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

February 9, 2016

Karen Arthur
1515 Casimir
Saginaw, MI 48601

RE: Application #: AF730374495
Casimir Family AFC
1515 Casimir
Saginaw, MI 48601

Dear Ms. Arthur:

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 3 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 black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF730374495
Applicant Name:	Karen Arthur
Applicant Address:	1515 Casimir Saginaw, MI 48601
Applicant Telephone #:	(989) 754-0608
Administrator/Licensee Designee:	N/A
Name of Facility:	Casimir Family AFC
Facility Address:	1515 Casimir Saginaw, MI 48601
Facility Telephone #:	(989) 754-0608 03/04/2015
Application Date:	
Capacity:	3
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/04/2015	Enrollment
03/12/2015	PSOR on Address Completed
03/12/2015	Application Incomplete Letter Sent 1326/Reginal.
03/12/2015	Contact - Document Sent Act & Rules.
04/16/2015	Application Complete/On-site Needed
04/16/2015	File Transferred To Field Office Saginaw.
05/14/2015	Application Incomplete Letter Sent
05/14/2015	Inspection Completed On-site Initial original
11/19/2015	Inspection Completed On-site
12/01/2015	Inspection Completed On-site
01/15/2016	Contact - Document Received Medical clearance
01/19/2016	Contact - Telephone call received
01/20/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Casimir Family AFC is located in a residential area in the city of Saginaw, with access to public transportation and all city services. The two-story home with basement has off-street parking in the home's driveway, leading to a detached garage. The home uses city sewer and water. Applicant Karen Arthur provided documentation showing that she owns the property at 1515 Casimir with Rochell Jones and that this is her residence.

The furnace and hot water heater are located in the basement with a steel door equipped with an automatic self-closing device and positive latching hardware installed at the bottom of the stairs, completing floor separation. The facility is equipped with

battery powered, single station smoke detectors, installed near sleeping areas, in the living room, and in the basement near the furnace. Fire extinguishers are installed on each floor of the home. There are two independent exits from the home: the front entrance and a side exit accessed through the kitchen.

The ground floor of the home has a living room (15.8' x 11.3') to the right of the entrance, with the dining area (11.5' x 8') and kitchen to the left. A hallway accessible from the living room or kitchen leads to the bathroom, licensee's bedroom and one resident bedroom. A second resident bedroom is upstairs, outside of which is a small sitting area.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Upstairs	13.9' x 11.3'	157 sq. ft.	2
Down	8' x 10'	80 sq. ft.	1

The living, dining, and sitting areas provide more than 270 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 **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The facility is not equipped to house residents who require the use of a wheelchair.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory male or female residents, 18 years of age or older, whose diagnosis is developmentally disabled, aged, or mentally ill. 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

Applicant Karen Arthur has experienced working in adult foster care for several years. She has completed training approved by the Department of Community Health, and has current First Aid and CPR certification. A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Arthur 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 and savings.

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 three 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 employee's 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 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, the applicant 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.

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 her 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 her 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.

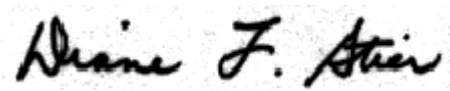
The applicant acknowledges her responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-3).




Diane L Stier
Licensing Consultant

February 5, 2016

Date

Approved By:



February 8, 2016

Mary E Holton
Area Manager

Date