



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

March 2, 2016

Shirley Marsh
7142 N Bray Road
Mt Morris, MI 48458

RE: Application #:	AF250365608 Genesis AFC 7142 N Bray Road Mt Morris, MI 48458
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Dear Ms. Marsh:

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,

Susan Sells, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250365608
Applicant Name:	Shirley Marsh
Applicant Address:	7142 N Bray Road Mt Morris, MI 48458
Applicant Telephone #:	(810) 686-7514
Administrator/Licensee Designee:	Shirley Marsh
Name of Facility:	Genesis AFC
Facility Address:	7142 N Bray Road Mt Morris, MI 48458
Facility Telephone #:	(810) 686-7514
Application Date:	09/04/2014
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/04/2014	Enrollment
09/09/2014	Inspection Report Requested - Health 1023468
09/09/2014	Application Incomplete Letter Sent Fingerprints for Shirley
09/09/2014	Contact - Document Sent rule and act books
10/08/2014	Comment NSF Paid
11/24/2014	PSOR on Address Completed
11/24/2014	File Transferred To Field Office
11/24/2014	Application Complete/On-site Needed
12/10/2014	Application Incomplete Letter Sent
02/04/2015	Contact - Telephone call received Spoke to licensee about enrollment. She said that she will drop off the necessary paperwork to my office later today.
07/02/2015	Contact - Telephone call received Licensee called to ask for another copy of the incomplete app letter. Said that she misplaced hers but is still interested in pursuing licensure.
07/02/2015	Application Incomplete Letter Sent 2nd incomplete application letter sent
07/27/2015	Contact - Document Received Application paperwork received
08/12/2015	Application Incomplete Letter Sent
10/20/2015	Inspection Completed On-site
10/20/2015	Inspection Completed-BCAL Sub. Compliance
10/28/2015	Inspection Report Requested - Health

10/29/2015	Application Incomplete Letter Sent Confirming letter sent
02/10/2016	Inspection Completed—Environmental Health “A”

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property located at 7142 N. Bray Rd. Mt. Morris, MI is located in the Township of Genesee. This ranch-style home is set on 6 acres of land and has a long, winding driveway which sets it back away from the road.

This home has a full kitchen with a breakfast area and formal dining room with seating for all residents. The home is equipped with a living room and a family room for resident use. Although the home has a fireplace, the licensee has not used it in years and said that it is not her intent to use it without notifying licensing and having a full inspection by a licensed chimney and/or fireplace inspector first.

There are 3 bedrooms and 2 ½ bathrooms in this home. The ½ bathroom is off the kitchen and is available for resident use. The licensee uses one of the bedrooms and one of the full bathrooms for her use only. The other 2 bedrooms and full bathroom are intended for resident use. The resident’s full bathroom is equipped with 2 sinks as well as a walk-in shower with grab bars and a shower seat. It is the licensee’s intent to have each of the resident bedrooms licensed as double-occupancy rooms.

This residence has 2 independent means of egress; the door leading to the front yard of the property and the door leading to the garage. There are sliding glass doors leading to the backyard but this exit is not considered a safe means of egress since there are no steps leading down to the ground. This home is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch steel solid core door with a 90 minute fire rating, equipped with an automatic self-closing device and positive latching hardware. Battery powered, single station smoke detectors have been installed in each resident bedroom, in the hallway near the resident bedrooms, in the kitchen, and in the basement near the furnace. Fire extinguishers are installed on each floor of the home. This home also has a security system in place.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
North West	12’10” x 10’8”	137	2
North East	13’0” x 10’8”	139	2

The living, dining, and sitting room areas measure a total of 555 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 **4** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 4 ambulatory residents, whose diagnosis is mentally ill or developmentally disabled. 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 person 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 her savings and retirement pension.

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 website www.miltcpartnership.org, 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.

IV. RECOMMENDATION

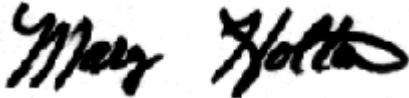
I recommend issuance of a temporary license to this adult foster care family home with a maximum capacity of 4.



March 2, 2016

Susan Sells Licensing Consultant	Date
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Approved By:



March 2, 2016

Mary E Holton Area Manager	Date
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