



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 29, 2016

Geralyn Wright
Wright's Compassionate Care, Inc.
3510 E. Carpenter Rd.
Flint, MI 48506

RE: Application #:	AS250378488 Geralyn's Assisted Living 3510 E. Carpenter Rd. Flint, MI 48506
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Dear Ms. Wright:

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,

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 #:	AS250378488
Licensee Name:	Wright's Compassionate Care, Inc.
Licensee Address:	3510 E. Carpenter Rd. Flint, MI 48506
Licensee Telephone #:	(810) 394-6955
Administrator/Licensee Designee:	Geralyn Wright
Name of Facility:	Geralyn's Assisted Living
Facility Address:	3510 E. Carpenter Rd. Flint, MI 48506
Facility Telephone #:	(810) 394-6955
Application Date:	07/17/2015
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/17/2015	On-Line Enrollment
07/24/2015	Application Incomplete Letter Sent Rec cl's for David, Joseph, Wendy
07/27/2015	Contact - Document Received Rec cl's for Wendy, Joseph, & David
07/28/2015	Lic. Unit file referred for criminal history review David S - self conf.
07/28/2015	Application Complete/On-site Needed
08/07/2015	Application Incomplete Letter Sent
08/19/2015	Contact - Document Received I received proof of ownership and permission to inspect paperwork from the licensee.
01/04/2016	Contact - Telephone call received The licensee called to ask about her 1st onsite inspection
01/04/2016	Contact - Document Sent Application incomplete letter mailed to licensee.
01/11/2016	Application Incomplete Letter Sent
02/17/2016	Contact - Document Received Additional documentation received from licensee.
03/23/2016	Contact - Document Received Additional information received
04/20/2016	Inspection Completed On-site
04/20/2016	Inspection Completed-BCAL Sub. Compliance
04/28/2016	Contact - Document Received I received documentation from the licensee.
09/20/2016	Inspection Completed On-site
09/29/2016	Inspection Completed-BCAL Full Compliance
09/29/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 3510 East Carpenter Road is located in the City of Flint and Township of Genesee, Michigan. This facility is a manufactured home built in 1990 and was moved to this plot of land in 2000. The facility is located in a suburban setting close to the town of Genesee and the City of Flint, It is also in fairly close proximity to major expressways, restaurants, and other modern conveniences. The licensee has submitted documentation from a licensed and insured contractor that all rooms are constructed of suitable materials. All walls and ceilings are covered with drywall. The finished basement is equipped with separate entrances and will not be used by residents.

This facility has a full kitchen/breakfast area as well as a dining room with seating for all residents. There is a living room in the front of the facility as well as a family room near the back of the facility. There are a total of four bedrooms and three full bathrooms in this facility. Two of the bedrooms and two of the bathrooms are intended for resident use. One of the bedrooms is a private room while the other bedroom is intended as a double-occupancy room. One of the resident bathrooms is between the resident bedrooms and the other resident bathroom is in the hallway. Both bathrooms are equipped with safety bars in the shower area and are fully equipped.

This residence has two independent means of egress. One exit leads to the front of the property while the other is off the laundry room area leading to the back of the property.

There are two furnaces and hot water heaters in this facility. The furnace and hot water heater on the main floor are located in the laundry room and are separated from the facility with a 1 ¾ inch solid core door with an automatic self-closing device and positive latching hardware. The furnace and hot water heater in the basement is separated from the facility at the top of the stairs with a 1 ¾ inch solid core door with an automatic self-closing device and positive latching hardware. The facility is equipped with a hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. In addition, the facility has battery operated smoke detectors in each bedroom and in the laundry room.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
South West	10'6" x 13'	137	1
South East	11'6" x 13'	150	2

The living, family, dining, and breakfast areas measure a total of 645 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** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible.

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 **three** male or female ambulatory adults age 18-99 whose diagnosis is developmentally disabled, mentally impaired, traumatically brain injured, or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

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 some transportation for program and medical needs and will arrange for Your Ride if needed. The facility will make provisions 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 financial resources and the budget statement submitted to operate the adult foster care facility.

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

The licensee designee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1-staff-to-3 residents per shift. Staff need not be awake during sleeping hours unless necessary to meet residents' needs.

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 Identogo website (www.identogo.com), by MorphoTrust USA 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 her 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 her 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her 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 her 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 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.

The applicant acknowledges her 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 related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 3.



September 29, 2016

Susan Sells Licensing Consultant	Date
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Approved By:



October 6, 2016

Mary E Holton Area Manager	Date
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