



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 7, 2016

Mariesa Sutherland  
A Family Affair - Heavenly Home Care  
1819 Quincy Drive  
Rochester Hills, MI 48306

RE: Application #:	AS440382788 A Family Affair 1661 Madeline Drive Lapeer, MI 48446
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Dear Mrs. Sutherland:

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,

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**

<b>License #:</b>	AS440382788
<b>Applicant Name:</b>	A Family Affair - Heavenly Home Care
<b>Applicant Address:</b>	1819 Quincy Drive Rochester Hills, MI 48306
<b>Applicant Telephone #:</b>	(248) 310-3807
<b>Administrator/Licensee Designee:</b>	Mariesa Sutherland, Designee
<b>Name of Facility:</b>	A Family Affair
<b>Facility Address:</b>	1661 Madeline Drive Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 664-8264
<b>Application Date:</b>	05/04/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

05/04/2016	Enrollment
05/12/2016	Contact - Document Sent Rules & Act booklets
05/12/2016	Application Incomplete Letter Sent Fee \$40; FP's & Livescan request for Mariesa
05/16/2016	Inspection Report Requested - Health Inv. #1025756
05/19/2016	Contact - Document Received Add'l \$40
06/15/2016	Application Incomplete Letter Sent
07/27/2016	Contact - Document Received AFC documents received
08/01/2016	Contact - Document Received AFC documents received
09/13/2016	Application Incomplete Letter Sent
09/28/2016	Application Complete/On-site Needed
10/18/2016	Inspection Completed On-site
10/18/2016	Inspection Completed-BCAL Sub. Compliance
10/19/2016	Application Incomplete Letter Sent
11/02/2016	Inspection Completed On-site
11/07/2016	Inspection Completed-Env. Health: A
11/07/2016	Inspection Completed-BCAL Full Compliance
11/07/2016	Recommend License Issuance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The property located at 1661 Madeline Drive is located in the City of Lapeer, Michigan. This facility is a one story ranch with a partially finished basement which will not be used by the residents. The facility is located on a large parcel of land in a suburban neighborhood on the outskirts of Lapeer, MI. The facility has approximately 2100 square feet of living space. The facility is close to the city of Lapeer and is also in close proximity to major expressways, restaurants, and other modern conveniences.

This facility has a full kitchen and a dining room with seating for all residents. There is a large living room in the front of the facility as well as a small sitting area off the kitchen. There are three bedrooms and three full bathrooms. All three bedrooms are sufficient to meet the needs of two residents per bedroom. Two of the bathrooms are intended for all of the residents' use while one bathroom is directly off the North bedroom and is intended for the private use of the occupants of that bedroom. All of the bathrooms are equipped with safety bars in the shower area and are fully equipped. The facility has a laundry room with locked cabinets for storage of medications. There is a small sitting area in the laundry room which is intended for staff paperwork needs.

This residence has three independent means of egress including two fully equipped wheelchair ramps. All of the doorways are 36' wide. This facility is wheelchair accessible.

The boiler and hot water heater are located in the basement with a 1-3/4 inch solid core door with a 20-minute fire rating and is equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. The boiler was last inspected by a qualified inspector on August 10, 2016. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. In addition, the facility is protected by an ADT security alarm system. There are fully operational fire extinguishers on the main floor of the facility and in the basement.

The home has a private sewer and water system that was approved by environmental health on 11/07/2016.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
North	14'7" x 16'3"	237	2
South East	13'1" x 12'3"	160	2
South	11'8" x 11'3"	131	2

The living, dining, and sitting room areas measure a total of 847 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 age 60 and over, whose diagnosis is aged in the least restrictive environment possible. 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 primarily be referred by Home Care agencies.

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 transportation for program and medical needs for an additional fee. Emergency transportation services will be available via 911. 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 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6 residents per shift.

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](http://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 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 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**

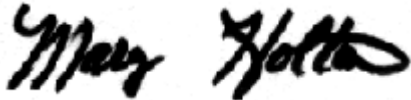
I recommend issuance of a temporary license to this adult foster care small group home with a capacity of 6.



November 7, 2016

Susan Sells Licensing Consultant	Date
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Approved By:



November 9, 2016

Mary E Holton Area Manager	Date
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