



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 2, 2017

Crystal Neely
4217 Milton Drive
Flint, MI 48503

RE: Application #:	AS250382319 Shell's AFC 3839 Pengelly Road Flint, MI 48507
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Dear Ms. Neely:

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

License Application #:	AS250382319
Applicant Name:	Crystal Neely
Applicant Address:	4217 Milton Drive Flint, MI 48503
Applicant Telephone #:	(810) 394-2889
Licensee Designee	N/A
Administrator:	Crystal Neely
Name of Facility:	Shell's AFC
Facility Address:	3839 Pengelly Road Flint, MI 48507
Facility Telephone #:	(810) 394-2889
Application Date:	04/01/2016
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/01/2016	Enrollment
04/12/2016	Contact - Document Sent Rules & Act booklets
04/12/2016	Lic. Unit file referred for background check review Crystal N
06/02/2016	Application Incomplete Letter Sent GMC Letter was sent on 04/27/16.
06/03/2016	File Transferred To Field Office Flint/Genesee
06/15/2016	Contact - Telephone call made I called the licensee and explained in detail about the application incomplete letter I am sending her.
06/15/2016	Application Incomplete Letter Sent
09/29/2016	Contact - Document Received Documentation received from licensee
01/13/2017	Application Incomplete Letter Sent
04/17/2017	Application Complete/On-site Needed
04/20/2017	Contact - Document Received Document received from licensee asking to change name of facility from Shell's AFC #2 to Shell's AFC
04/20/2017	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property located at 3839 Pengelly Road is located in the City of Flint, Michigan. This facility is a 2-story home with a finished basement which is occupied by live-in staff. The residents will not use or have access to the basement. The facility is located on a medium sized parcel of land in an urban neighborhood in the city of Flint, Michigan. The facility has approximately 658 square feet of living space on the main floor and approximately 621 square feet of living space on the upper floor. The facility is close to the city of Flint 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. The living room is on the main floor of the facility. There is one bedroom on the main floor as well as one full bathroom. There are two bedrooms on the 2nd floor as well as two full bathrooms. Each of these bathrooms is intended for the private use of the occupants of each bedroom. All three bedrooms are sufficient to meet the needs of two residents per bedroom. All of the bathrooms are equipped with safety bars in the shower area and are fully equipped. The facility has a laundry room in the basement as well as locked cabinets in the kitchen area for storage of medications.

This residence has four independent means of egress, from the main and second floors of the residence all leading to different areas of the outside. There is also another means of egress in the basement which leads directly to the outside of the facility. The basement is fully equipped with two bedrooms, a bathroom, and a living area. The live-in staff reside in the basement. This facility is not wheelchair accessible

The furnace 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 top of the stairs. 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. There are fully operational fire extinguishers on the main floor of the facility and in the basement.

The home has public sewer and water system and the facility uses a filtration system in the kitchen as well as offering bottled water for the residents.

Resident bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
1 st floor	17'3" x 11'2"	192.6	2
2 nd floor back	248 x 98'5"	346.5	2
2 nd floor front	191'5" x 84'1"	621.1	2

The kitchen measures 72 square feet and the dining and living room areas measure a total of 394 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 ambulatory adults age 18 and over, whose diagnosis is aged, developmentally disabled, mentally ill, and/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. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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. 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), 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

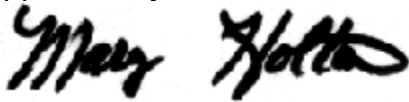
I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 6.



May 1, 2017

Susan Sells Licensing Consultant	Date
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Approved By:



May 2, 2017

Mary E Holton Area Manager	Date
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