



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 27, 2017

Karen Williams
36611 Paddock Dr.
Clinton Township, MI 48035

RE: Application #: AF500382058
Karen's Kare House
36611 Paddock Dr.
Clinton Township, MI 48035

Dear Ms. Williams:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1776

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF500382058
Licensee Name:	Karen Williams
Licensee Address:	36611 Paddock Dr. Clinton Township, MI 48035
Licensee Telephone #:	(586) 303-5225
Administrator/Licensee Designee:	N/A
Name of Facility:	Karen's Kare House
Facility Address:	36611 Paddock Dr. Clinton Township, MI 48035
Facility Telephone #:	(586) 286-9325
Application Date:	03/24/2016
Capacity:	3
Program Type:	AGED ALZHEIMERS DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/24/2016	On-Line Enrollment
03/25/2016	PSOR on Address Completed
03/25/2016	Contact - Document Sent Rules & Act booklets
03/25/2016	Application Incomplete Letter Sent Received clearance, Fingerprints (FP), FP request for Karen; received clearances for Leopodda, Zeva and Matthew (RP)
04/13/2016	Contact - Document Received Licensing file received from Central office
06/14/2016	Application Incomplete Letter Sent Field Office
10/28/2016	Contact - Document Sent Email to applicant to receive a status update on documents missing to continue the enrollment application process
11/17/2016	Technical Assistance provided
11/18/2016	Contact - Document Sent Email to confirm scheduled onsite inspection for 11/30/16
11/28/2016	Contact - Document Received Email from applicant to post-pone onsite inspection to make physical plant corrections; will follow-up upon completion
03/24/2017	Contact - Document Received Applicant emailed request to have inspection due to physical plant corrections being completed
03/31/2017	Inspection Completed On-site
05/25/2017	Inspection Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a suburban community of Clinton Township, south of Hall Road. The facility is a large brick ranch style home, with a paved driveway, and attached two car garage. The living and dining space in the home contains 682 sq. ft. of activity

space. This is adequate for the proposed number of occupants. The home is not wheelchair accessible. The bedroom space is as follows:

Location	Dimensions	Square Footage	Capacity
Bedroom #1	12" x 10'2"	122 sq. ft.	1
Bedroom #2	11'11" x 12'9"	143 sq. ft.	2

Total capacity: 3

B. Program Description

Ms. Williams intends to provide 24-hour supervision, protection and personal care to three residents whose diagnoses are aged, or Alzheimer's. The program will include social interaction, personal hygiene care and transportation.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Karen Williams or responsible person. Ms. Williams and responsible persons submitted medical clearances from a physician documenting their good health and current negative TB results.

Ms. Williams 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 financial savings and IRA account.

Ms. Williams acknowledges and understands 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.

Ms. Williams acknowledges and understands the qualification requirements for the responsible person or volunteers providing care to residents in the home. Ms. Williams acknowledged and understands it is her responsibility to assess the good moral character of employees and individuals who have regular, ongoing, "direct access" to residents or the resident information or both.

Technical assistance was given 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 employees record to demonstrate compliance.

Ms. Williams acknowledged and understands the administrative rules regarding medication procedures. In addition, Ms. Williams has indicated that residents'

medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Williams acknowledges it is 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, Ms. Williams acknowledges it is her responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Williams acknowledged and understands the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. Ms. Williams acknowledged and understands 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.

Ms. Williams acknowledges and understands the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. Ms. Williams indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Williams acknowledges and understands the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Williams 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.

Ms. Williams acknowledged and understands the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Williams acknowledged it is 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.

Ms. Williams also acknowledges it is 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.

Ms. Williams 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 AFC adult family home with a capacity of three residents.

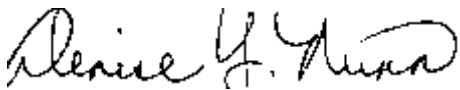


5/26/17

Roeiah Epps
Licensing Consultant

Date

Approved By:



05/26/2017

Denise Y. Nunn
Area Manager

Date