



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 3, 2017

Melissa Suco  
PO Box 603  
Leslie, MI 49251

RE: Application #: AF330378798  
**Carolyn's Care Home**  
**3680 Churchill Road**  
**Leslie, MI 49251**

Dear Melissa Suco:

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,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF330378798
<b>Applicant Name:</b>	Melissa Suco
<b>Applicant Address:</b>	3680 Churchill Road Leslie, MI 49251
<b>Applicant Telephone #:</b>	(646) 808-7393
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Carolyn's Care Home
<b>Facility Address:</b>	3680 Churchill Road Leslie, MI 49251
<b>Facility Telephone #:</b>	(517) 589-9118 07/30/2015
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	Developmentally Disabled

## II. METHODOLOGY

07/30/2015	Enrollment
08/03/2015	PSOR on Address Completed
08/03/2015	Contact - Document Sent Rules & Act booklets
08/03/2015	Inspection Report Requested - Health Inv. #1024576
08/03/2015	Application Incomplete Letter Sent Rec cl & FP's for Melissa; rec cl's for Angel & Raymond
08/11/2015	Comment FP's for Melissa
08/13/2015	Contact - Document Received Rec cl's for Melissa, Angel, & Raymond
08/14/2015	Lic. Unit file referred for background check review Raymond S - SC
08/19/2015	Lic. Unit received background check file from review OK to proceed per AFC manager
08/19/2015	Application Complete/On-site Needed
08/26/2015	Application Incomplete Letter Sent
08/01/2016	Inspection Completed- Env. Health: A
04/24/2017	Inspection Completed-BCAL Sub. Compliance On-site completed with 2 rules violations
06/02/2017	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This family home is located in a rural neighborhood in Leslie, Michigan. The home is a one-level ranch with a partially finished basement that will not be accessible to residents. The main floor of the home has a living room, dining room, kitchen, six bedrooms (four of which are resident bedrooms), two full bathrooms (one of which is for residents), one half bathroom, and a laundry room. The home has two exits to the front and two exits in the back. The home is wheelchair accessible which has an approved

means of egress on the main level. The home utilizes private water supply and private sewage disposal system and was inspected by the Mid-Michigan District Health Department on 08/01/2016 and found to be in compliance.

The gas furnace and water heater are located in the basement of the home and is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are installed near sleeping areas, in the basement, and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'0" x 10'7"	95.25 square feet	1
2	14'0" x 10'13"	155.17 square feet	2
3	14'8" x 10'6"	154 square feet	2
4	10'6" x 9'8"	101.5 square feet	1
Dining Room	12'0" x 14'0"	168 square feet	
Living Room	13'0" x 22'6"	292.5 square feet	

The indoor living and dining areas measure a total of 460.5 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Melissa Suco intends to provide 24-hour supervision, protection and personal care to six male and/or female residents between the ages of 18 to 100 years who are developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Community Mental Health Authority of Clinton, Eaton and Ingham Counties.

If needed by residents, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the

responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, and any other personal interests expressed by residents and available within the community. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant and Responsible Person Qualifications**

The applicant is Melissa Suco. Mrs. Suco has named her spouse Angel O. Suco as a responsible adult who can provide up to 72 hours of emergency coverage for the applicant. Criminal history background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test 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 as well as her spouse's income and savings. This is a currently successfully running family AFC which Melissa Suco is taking over from her father. There are residents currently in care and the facility is in good standing within the community and with licensing.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rules or Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

## VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.



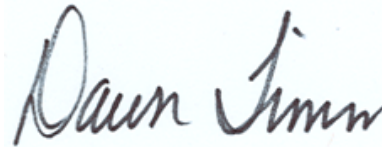
6/15/17

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Derrick Britton  
Licensing Consultant

Date

Approved By:



07/03/2017

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Dawn N. Timm  
Area Manager

Date