



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 5, 2017

Sara Fredricks
721 S. 13th
Saginaw, MI 48601

RE: Application #: AS730385895
Sara M Fredricks 2
3201 Janes
Saginaw, MI 48601

Dear Ms. Fredricks:

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 4 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 "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS730385895

Licensee Name: Sara Fredricks

Licensee Address: 721 S. 13th
Saginaw, MI 48601

Licensee Telephone #: (989) 332-2291

Administrator/Licensee Designee: Sara M Fredricks

Name of Facility: Sara M Fredricks 2

Facility Address: 3201 Janes
Saginaw, MI 48601

Facility Telephone #: (989) 332-2291

Application Date: 12/09/2016

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODOLOGY

12/09/2016	On-Line Enrollment
01/03/2017	Application Incomplete Letter Sent 1326Aupdate/Sara.
01/03/2017	Contact - Document Sent Act & Rules.
01/30/2017	File Transferred To Field Office Saginaw.
05/17/2017	Contact - Face to Face Met with Licensee Sara Fredericks to discuss licensure
05/22/2017	Application Incomplete Letter Sent
08/23/2017	Inspection Completed On-site
09/05/2017	Application Complete/On-site Needed
09/05/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sara M Fredricks 2 is a one-story facility with a full basement and attached garage. It consists of a living room, dining room, three resident bedrooms, and two bathrooms on the main floor and one bathroom in the basement. The facility has a detached shed in the rear and the facility is wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace and hot water tank inspection were completed and approved on 10/3/2016. The laundry room is located in the basement. The facility is equipped with smoke detection system. Single station smoke detectors have been installed near sleeping areas, kitchen, and basement. Fire extinguishers are installed on each floor of the home.

The facility has public water and sewer system. The facility is also connected to the municipal water supply.

There are three resident bedrooms located on the first floor of the home. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	11'11" x 9'11"	118 sq. ft.	1
Bedroom 2	10'10" x 13'1"	142 sq. ft.	2
Bedroom 3	10'9" x 11'	118 sq. ft.	1

The living, and dining areas measure a total of 616 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

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

B. Program Description

The applicant and administrator, Sara Fredricks, submitted a copy of the required documentation. 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 four male or female ambulatory adults ages 18-99 years old, whose diagnosis is physically handicapped, mentally ill, aged, Alzheimer's, and developmentally disabled in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment 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 by a qualified person 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.

Sara Fredricks will ensure that the resident's transportation and medical needs are met. Sara Fredricks has transportation available for residents to access community-based resources and services. 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. Rule/Statutory Violations

On 12/19/2016, Sara Fredricks submitted an application to provide foster care services to four adults at 3201 Janes Street, Saginaw, Michigan.

The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The applicant provided a credit report which was reviewed.

Sara Fredricks submitted a licensing record clearance request that was completed with no LEIN convictions recorded. She also submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. Sara Fredricks 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 4-bed facility is adequate and includes a minimum of 1 staff to 4 residents per shift. All staff shall be awake during sleeping hours.

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 1 to 4 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 Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solution™ (formerly Identix®), 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 their 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 their 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 their 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 their 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 their 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 their 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 and Statutory Violations

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. 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 (capacity 1-6).

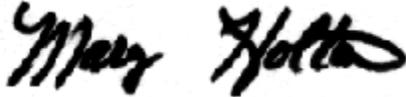


09/05/2017

Christina Garza
Licensing Consultant

Date

Approved By:



09/05/2017

Mary E Holton
Area Manager

Date