



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 1, 2017

Courtney Martin-Darby  
1006 Congress Ave  
SAGINAW, MI 48602

RE: Application #: AS730381437  
Courtney's CARE  
1006 Congress Ave  
Saginaw, MI 48602

Dear Ms. Martin-Darby:

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 5 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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS730381437
<b>Licensee Name:</b>	Courtney Martin-Darby
<b>Licensee Address:</b>	1006 Congress Ave SAGINAW, MI 48602
<b>3Licensee Telephone #:</b>	(989) 482-5453
<b>Administrator/Licensee Designee:</b>	Courtney Martin-Darby
<b>Name of Facility:</b>	Courtney's CARE
<b>Facility Address:</b>	1006 Congress Ave Saginaw, MI 48602
<b>Facility Telephone #:</b>	(989) 482-5453
<b>Application Date:</b>	02/15/2016
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

02/15/2016	On-Line Enrollment
02/19/2016	Application Incomplete Letter Sent FP&1326/Courtney,1326/Wondolyn.
02/19/2016	Contact - Document Sent Act & Rules.
02/22/2016	Contact - Telephone call made Courtney-left VM re. online new license/Congress or Oakley
02/22/2016	Contact - Telephone call received Courtney-facility & mailing/licensee address is on Congress (not Oakley) for this new online license app (Oakley is still in progress with consultant).
03/28/2016	Application Complete/On-site Needed
03/29/2016	File Transferred To Field Office Saginaw.
06/22/2016	Inspection Completed On-site
06/22/2016	Inspection Completed-BCAL Sub. Compliance
04/13/2017	Inspection Completed-BCAL Sub. Compliance
04/13/2017	Inspection Completed On-site
07/06/2017	Inspection Completed On-site
07/20/2017	Inspection Completed-BCAL Full Compliance
09/01/2017	Contact – document received Received missing information noted when typing report
09/01/2017	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This 1477 square foot, two story vinyl home is located at 1006 Congress, in the City of Saginaw, near Covenant Hospital. The home contains a living room, dining room, two

downstairs bathrooms and two upstairs bathrooms, four bedrooms, a bathroom upstairs and downstairs. The facility is located within the city limits of Saginaw and is close to shopping centers, medical services, public services and public transportation if needed.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The furnace was inspected by a licensed inspector and was determined to be fully functional on April 13, 2017. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Courtney's Care has central air conditioning. The facility has public water and sewer systems.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Downstairs #1	12' X 12'8"	153.6 sq. foot	2 residents
Downstairs #2	9' X 9'	81	1 resident
Upstairs #1	12' X 12'11"	145	2 residents

The living, dining, and sitting room areas measure a total of 308 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 **five** (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible.

## **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 five (5) male or female ambulatory adults, ages 18 and above, whose diagnosis is developmentally disabled, mentally impaired, aged, traumatic brain injured, or persons with Alzheimer's, developmentally disabled or mentally impaired, 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 be referred from local hospitals and community mental health authorities.

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 all transportation for program and medical needs. 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 credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant/administrator. The applicant/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/administrator 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 5-bed facility is adequate and includes a minimum of one staff –to- five 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 –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 Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (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/Statutory Violations**

The applicant 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 small group home (capacity 1-5).

*Kathryn A. Huber*

09/01/2017

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Mary E. Holton*

09/01/2017

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Mary E Holton  
Area Manager

Date