



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 5, 2017

Branden Acklen  
4017 Morris Street  
Saginaw, MI 48601

RE: Application #: AF730385752  
Acklen AFC Home  
4017 Morris Street  
Saginaw, MI 48601

Dear Mr. Acklen:

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 (810) 787-7031.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF730385752
<b>Applicant Name:</b>	Branden Acklen
<b>Applicant Address:</b>	4017 Morris Street Saginaw, MI 48601
<b>Applicant Telephone #:</b>	(989) 714-2247
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Acklen AFC Home
<b>Facility Address:</b>	4017 Morris Street Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 714-2247 11/28/2016
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

09/12/2016	Contact - Document Sent Act&Rules.
09/13/2016	Lic. Unit file referred for background check review FP-Yes/Branden.
09/14/2016	Application Incomplete Letter Sent GMC letter sent.
11/28/2016	Enrollment
11/30/2016	Contact - Document Received GMCrefs/Branden to CG.
12/05/2016	PSOR on Address Completed
12/06/2016	Application Incomplete Letter Sent SOSupdate/Branden,ltr signed by both Deloria&Branden withdrawing AF730384709.
12/14/2016	File Transferred To Field Office Flint/Saginaw.
03/06/2017	Application Incomplete Letter Sent
05/05/2017	Application Complete/On-site Needed
05/11/2017	Inspection Completed On-site
05/11/2017	Inspection Completed-BCAL Sub. Compliance
08/23/2017	Inspection Completed On-site
08/23/2017	Inspection Completed-BCAL Full Compliance
09/05/2017	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The property at 4017 Morris Street, Saginaw, Michigan, 48601 is located in Saginaw County. The home is a ranch style house which white aluminum siding with red trim and is being purchased on a Land Contract by Mr. Branden Acklen and Mrs. Deloria Beachum-Acklen. The home was built on a basement, and has a main level. The main level of the home consists of a living room, three bedrooms, kitchen and a full bathroom. The Family's private quarters is located on the basement level of the home and consists of one bedroom and a living quarters.

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 was inspected on 03/31/2017 and was determined to be fully operational. Battery powered, single station smoke detectors have been installed near sleeping areas, kitchen, living room and in the basement near the furnace and hot water heater. Fire extinguishers are installed on each 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
North #1	8'5.5" X 11'3"	95.16 sq. ft.	1
North #2	12'8" X 11'3"	142.50 sq. ft.	2
East #3	9'3" X 10	92.50 sq. ft.	1

The living and dining room areas measure a total of 204 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 four (4) residents. This home is not wheelchair accessible. It is the licensee's responsibility not to exceed the facility's licensed capacity or obtain placement of wheelchair bound individuals.

#### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory unisex adults, ages 18-99, whose diagnosis is Aged, Developmentally Disabled and/or Mentally Ill. Wheelchair users will not be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

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

A licensing record clearance request was completed and the applicant was determined to be in compliance with Public Act 218 and the licensing rules. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative 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 along with outside employment.

The applicant acknowledges the understanding of 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.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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.identogo.com](http://www.identogo.com)), (formerly L-1 Enrollment, by Morpho Trust) 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. 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 the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee,

responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

**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 family home (capacity 1-4).



09/05/2017

---

Anthony Humphrey  
Licensing Consultant

Date

Approved By:



09/05/2017

---

Mary E Holton  
Area Manager

Date