



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 13, 2017

Zoe Thorn
1117 Ramsgate Rd Apt 7
FLINT, MI 48532

RE: Application #: AM250389333
Thorn Adult Foster Care
4901 N Saginaw St
FLINT, MI 48505

Dear Ms. Thorn:

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 and temporary special certification for the mentally ill, with a maximum capacity of 12 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 cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250389333
Licensee Name:	Zoe Thorn
Licensee Address:	1117 Ramsgate Rd Apt 7 FLINT, MI 48532
Licensee Telephone #:	(810) 701-3480
Administrator/Licensee Designee:	N/A
Name of Facility:	Thorn Adult Foster Care
Facility Address:	4901 N Saginaw St FLINT, MI 48505
Facility Telephone #:	(810) 701-3480 07/13/2017
Application Date:	
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/19/2017	Inspection Completed-Fire Safety : A Reinspection for AM250008168
07/13/2017	On-Line Enrollment
07/13/2017	Application Complete/On-site Needed
07/19/2017	Contact - Document Sent Rule and Act Booklets
07/26/2017	Inspection Completed On-site
07/26/2017	Inspection Completed-Environmental Health : A
10/02/2017	Contact - Document Received 1326 & RI-030
10/02/2017	File Transferred To Field Office Flint
10/10/2017	Inspection Completed-BCAL Full Compliance
10/10/2017	SC-Application Received-Original
10/12/2017	SC-Recommend MI
10/12/2017	Recommend License Issuance
10/12/2017	LSR Generated

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Thorn AFC is located at 4901 N. Saginaw St., Flint, MI in Genesee County. The property is owned by both Mr. Alton Thorn III and Mr. Keith Thorn, both of whom have given the licensee permission to operate the AFC on the premises. The home has a large front porch and is a two-story, older model home, complete with an unfinished basement.

Front door access places visitors in the living room while side door access to the home places visitors in the dining room area. The third door in the home is accessed via the day room.

The main level of the home consists of a living room, a dining room a kitchen, a full bathroom, a bedroom and a room reserved as an office. The bedroom on this floor is reserved for staff. Through the kitchen is a small set of stairs. To the right of the stairs is the door leading to the basement, while to the left of the stairwell is a door day room.

Entry to the upstairs level of the home is accessed through either the front door entry foyer or through the day room. The upstairs contains 5 bedrooms and 2 full baths to be used by the residents.

The basement is an unfinished basement accessed through the kitchen. The washer and dryer are both located in open the basement area of the home. The furnace and hot water heater are located together, in one room in the basement, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware, is also located at the top of the basement stairwell. The furnace unit was inspected by the Bureau of Fire Services on 06/19/17, and no deficiencies were noted.

The home is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

The home has a public water and sewer system provided by the City of Flint. The home was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

All resident bedrooms are located on the second floor and were measured during the onsite inspection as having the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 12	120	2
2	11 x 12	108	2
3	12 x 16	120	2
4	10 x 24	165	3
5	19 x 14	266	3

The living, dining, and sitting room areas measure a total of 697 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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. 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.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 12 ambulatory male and female residents, ages 18 to 80, whose diagnosis is mentally ill and/or developmentally disabled.

Thorn AFC will also provide services to people who are receiving services from Genesee Health Systems. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The program will aim to assist consumers achieve maximum potential in their struggle towards independence and provide services in accordance to their Personal Center Plans.

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.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment.

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 Administrator Qualifications

The licensee and administrator of this license is Zoe Thorn. 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.

A licensing record clearance request for the licensee, Ms. Zoe Thorn was completed with no LEIN convictions recorded for the licensee designee/administrator. Ms. Thorn also submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

Ms. Thorn 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 12-bed facility is adequate and includes a minimum of 1 staff -to-12 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), Morpho Trust (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.

C. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

III. RECOMMENDATION

I recommend issuance of a temporary license and special certification for the mentally ill to this AFC adult medium group home (capacity 1-12).



October 13, 2017

Sabrina McGowan
Licensing Consultant

Date

Approved By:



October 13, 2017

Mary E Holton
Area Manager

Date