



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 6, 2018

Leslie Alston  
318 W Ninth Ave  
Flint, MI 48503

|                    |  |
|--------------------|--|
| RE: Application #: | AF250385924<br>Water Brooks Living<br>318 W Ninth Ave<br>Flint, MI 48503 |
|--------------------|--|

Dear Ms. Alston:

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,

Susan Sells, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |                                    |
|---|------------------------------------|
| <b>License Application #:</b>           | AF250385924                        |
| <b>Applicant Name:</b>                  | Leslie Alston                      |
| <b>Applicant Address:</b>               | 318 W Ninth Ave<br>Flint, MI 48503 |
| <b>Applicant Telephone #:</b>           | (469) 315-8296                     |
| <b>Administrator/Licensee Designee:</b> | N/A                                |
| <b>Name of Facility:</b>                | Water Brooks Living                |
| <b>Facility Address:</b>                | 318 W Ninth Ave<br>Flint, MI 48503 |
| <b>Facility Telephone #:</b>            | (469) 315-8296                     |
| <b>Application Date:</b>                | 12/08/2016                         |
| <b>Capacity:</b>                        | 5                                  |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED<br>AGED   |

## II. METHODOLOGY

|            |  |
|------------|--|
| 12/08/2016 | Enrollment   |
| 12/12/2016 | Contact - Document Received<br>BCAL-3704- Med clearance for Leslie Alston, Bcal - 1326A and RI-030 for Leslie Alston.  |
| 12/12/2016 | Application Incomplete Letter Sent<br>BCAL-1326 for Resp. adult-Cedric Murphy Jr.  |
| 12/12/2016 | PSOR on Address Completed<br>No hits   |
| 01/09/2017 | Contact - Document Received<br>1326 for Cedric Murphy Jr.  |
| 01/24/2017 | File Transferred To Field Office<br>Flint  |
| 03/02/2017 | Application Incomplete Letter Sent   |
| 08/01/2017 | Contact - Document Received<br>I received documents from the licensee regarding her enrollment.  |
| 08/29/2017 | Contact - Document Received<br>Additional documents received from licensee   |
| 09/01/2017 | Application Complete/On-site Needed  |
| 10/04/2017 | Inspection Completed On-site   |
| 10/04/2017 | Inspection Completed-BCAL Sub. Compliance  |
| 10/20/2017 | Contact - Document Sent<br>Ms. Alston left me a VMX asking about her CAP. I emailed her and asked her to send the CAP as soon as possible and explained she can send her compliance documentation once it is received. |
| 10/26/2017 | Corrective Action Plan Received  |
| 10/30/2017 | Corrective Action Plan Approved  |
| 10/30/2017 | Contact - Document Sent<br>CAP compliance letter sent  |

|            |   |
|------------|---|
| 11/20/2017 | Contact - Document Received<br>Email received from licensee. Resident beds to be delivered on 11/24/17. |
| 01/24/2018 | Inspection Completed On-site  |
| 01/29/2018 | Inspection Completed - BCAL Full Compliance   |
| 02/06/2018 | Recommend License Issuance  |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Water Brooks Living Adult Foster Care facility is located at 318 West Ninth Avenue in the city of Flint, Michigan. It is a 2-story home with a total of five bedrooms and two full bathrooms. There is one double-occupancy bedroom on the first floor of the home as well as a full bathroom with a walk-in shower and safety bars in the shower area and near the toilet. There are four bedrooms on the second floor of the home. The licensee occupies one of the bedrooms leaving three private resident bedrooms. The licensee is the only household member in addition to any residents. The full bathroom on the second floor of the facility is equipped with a walk-in shower and safety bars in the shower area and near the toilet.

This home is owned by Tyrone Smith. Mr. Smith provided a signed letter acknowledging that Ms. Alston will be operating an Adult Foster Care home at this residence and giving permission for AFC licensing to inspect the home. I obtained a copy of the signed lease agreement which shows that Ms. Alston is leasing this property on a month-to-month basis and has been since October, 2016.

There are two approved means of egress in this home. The rear door leads directly to the backyard while the front door leads to front of the facility. The licensee has posted clear evacuation routes in the upstairs hallway and on the first floor of the facility. This facility is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with fully operational battery powered, single station smoke detectors that have been installed near sleeping areas, in the living room, in the kitchen area, and in the basement. Fire extinguishers are installed on each floor of the home. The furnace and hot water heater were inspected by Terry Allen Plumbing and Heating Co., Inc. on 11/03/17 and were found to be in good working condition.

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

| Bedroom #             | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------------------|-----------------|----------------------|---------------------|
| 1 <sup>st</sup> floor | 13'7" x 12'3"   | 166 sq. feet         | 2                   |
| Southwest             | 7'10" x 12'3"   | 100 sq. feet         | 1                   |
| South                 | 8'9" x 12'7"    | 110 sq. feet         | 1                   |
| North                 | 12'2" x 10'8"   | 112 sq. feet         | 1                   |

The dining and sitting room areas measure a total of 247 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.

### **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged or developmentally disabled. 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 with no LEIN convictions recorded for the applicant. 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, savings and/or available cash, and 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 (5) 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, employees, 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 website [www.miltcpartnership.org](http://www.miltcpartnership.org), and the related documents required to be maintained in each employee's 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 her 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 her 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 her 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 her 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.

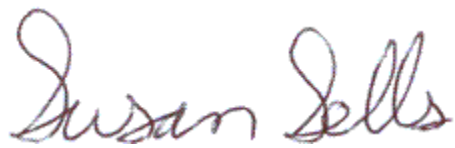
The applicant acknowledges her responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges her 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**

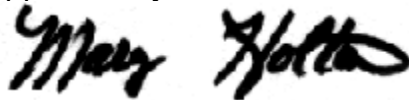
I recommend issuance of a temporary license to this adult foster care family home with a maximum capacity of 5.



February 6, 2018

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| Susan Sells<br>Licensing Consultant | Date |
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Approved By:



February 6, 2018

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| Mary E Holton<br>Area Manager | Date |
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