



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 22, 2018

Khadijah Murrell
2944 Welland Dr
Saginaw, MI 48601

RE: Application #: AS730389897
New Direction Network
605 S 24th
Saginaw, MI 48601

Dear Khadijah Murrell:

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 3 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 Application #:	AS730389897
Licensee Name:	Khadijah Murrell
Licensee Address:	2944 Welland Dr Saginaw, MI 48601
Licensee Telephone #:	(989) 401-6244
Administrator/Licensee Designee:	Khadijah Murrell
Name of Facility:	New Direction Network
Facility Address:	605 S 24th Saginaw, MI 48601
Facility Telephone #:	(989) 992-4973
Application Date:	08/15/2017
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

08/15/2017	On-Line Enrollment
08/16/2017	Inspection Report Requested - Health inv # 1027330
08/16/2017	Contact - Document Sent Rule and Act Booklets
08/30/2017	Contact - Document Received 1326 & RI-030
08/30/2017	File Transferred To Field Office Saginaw
09/19/2017	Application Incomplete Letter Sent
11/14/2017	Contact - Document Received
12/12/2017	Contact - Telephone call made
12/15/2017	Application Incomplete Letter Sent An application incomplete letter was sent requesting additional and corrected paperwork prior to inspection.
01/15/2018	Application Complete/On-site Needed
01/31/2018	Application Incomplete Letter Sent
02/27/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

New Direction Network AFC is located at 605 S. 24th St., Saginaw, MI in Saginaw County. The property is owned by Mr. Tommy Fly, who has given the licensee permission to operate the AFC on the premises. The home is a one-story home complete with a front, back, and side door for entry and exit. Front door access places visitors in the living room while both the rear door to the home places visitors in the laundry room area. The home has both a front a back porch with two steps to gain entry into the home. The side door leads inside to the home's office or directly outside to the back yard of the home.

The main level of the home consists of a three bedrooms, a living room, a dining room/kitchen, a full bathroom, and a laundry room area. Bedrooms in the home are located down the main hallway, to the left of the front door. In addition, the full bathroom and the hot water heater/furnace are located down this hall as well.

The furnace and hot water heater are located together, in a closet down the main hallway in the home. Both are enclosed, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace unit was inspected 08/25/17 and no deficiencies were noted. The washer and dryer are both located in the rear of the home, near the back door entrance. The dryer is equipped with a metal dryer duct.

The home is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A Fire extinguisher is located in the kitchen area of this one-story home.

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

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9 x 11	99	1
2	11 x 13	143	1
3	13 x 13	169	1

The living, dining, and sitting room areas measure a total of 400 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. This home is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant is Ms. Khadijah Murrell. Ms. Murrell intends to provide 24-hour supervision, protection and personal care to 3 ambulatory residents, whose diagnosis is mentally ill, developmentally disabled, physically handicapped, aged, and/or Alheimers.

New Direction Network AFC will provide services to consumers with a goal to improve the overall quality of life, by assisting them in achieving their maximum potential in their struggle towards independence. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

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

Ms. Murrell 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 3-bed facility is adequate and includes a minimum of 1 staff -to-3 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.

D. 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-3).



March 22, 2018

Sabrina McGowan
Licensing Consultant

Date

Approved By:



March 28, 2018

Mary E Holton
Area Manager

Date