



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 12, 2018

Amy Pawloski
4980 Piersonville Rd
COLUMBIAVILLE, MI 48421

RE: Application #: AF440388856
Amys Angels
4980 Piersonville Rd
Columbiaville, MI 48421

Dear Ms. Pawloski:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF440388856
Licensee Name:	Amy Pawloski
Licensee Address:	4980 Piersonville Rd COLUMBIAVILLE, MI 48421
Licensee Telephone #:	(810) 406-0442
Licensee:	Amy Pawloski
Name of Facility:	Amys Angels
Facility Address:	4980 Piersonville Rd Columbiaville, MI 48421
Facility Telephone #:	(810) 406-0442
Application Date:	06/09/2017
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

06/09/2017	On-Line Enrollment
06/13/2017	Inspection Report Requested - Health invoice #1027106
06/13/2017	Contact - Document Sent Rule & Act Booklets
07/12/2017	PSOR on Address Completed
07/13/2017	Inspection Completed-Env. Health : A
07/17/2017	Lic. Unit received background check file from review NS and continue for Amy Pawloski
07/17/2017	Application Incomplete Letter Sent Waiting on EHI
07/17/2017	File Transferred To Field Office Flint
10/13/2017	Application Incomplete Letter Sent
12/21/2017	Inspection Completed-BCAL Sub. Compliance
12/21/2017	Application Incomplete Letter Sent
01/26/2018	Application Complete/On-site Needed
01/30/2018	Inspection Completed-BCAL Full Compliance
02/20/2018	Application Incomplete Letter Sent
05/16/2018	Contact - Document Received Financial documents received
05/25/2018	Inspection Completed-BCAL Full Compliance
06/12/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Amys Angels is a one-story facility with a basement and detached car garage. The home consists of a kitchen, living room, dining room, sitting room, 4 bedrooms on the main floor, and two full bathrooms on the main floor. The property is owned by Bruce and Laura Svinarich and being leased to Licensee, Amy Pawloski. Permission was provided for inspection of the facility.

The furnace and hot water heater are located on the main floor of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. A furnace and how water heater inspection was completed and approved on January 12, 2018. The facility is equipped with battery powered, single station smoke detectors which have been installed near sleeping areas, in the living room, kitchen, and in the basement. 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
Bedroom 1	10'4" x 9'9"	101 sq. ft	1
Bedroom 2	10'3" x 9'8"	99 sq. ft	1
Bedroom 3	10'5" x 9'1"	95 sq. ft	1
Bedroom 4	12'9" x 9'4"	127 sq. ft	1

The living, dining, and sitting room areas measure a total of 446 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

This home has a private sewer and well system. The sewer and well systems were inspected and approved by environmental health on 7/13/2017.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This facility is not wheelchair accessible.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory female/male residents, ages 55 years to 99 years, whose diagnosis is developmentally disabled, aged or physically handicapped. 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 reviewed 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(s) have 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 has submitted a budget, verification of liquid assets to operate the facility, and a credit report.

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 (4) 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.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. 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).

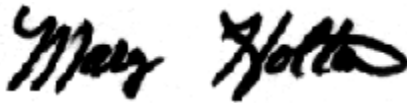


6/12/18

Christina Garza
Licensing Consultant

Date

Approved By:



6/12/18

Mary E Holton
Area Manager

Date