



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 4, 2018

Renea Fletcher
6211 W Pierson Road
Flushing, MI 48433

RE: Application #: AS250382207
Alternative Assisted Living
5490 Duffield Road
Flushing, MI 48433

Dear Ms. Fletcher:

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 6 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 "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS250382207
Applicant Name:	Renea Fletcher
Applicant Address:	6211 W Pierson Road Flushing, MI 48433
Applicant Telephone #:	(810) 423-8049
Administrator/Licensee Designee:	Renea Fletcher
Name of Facility:	Alternative Assisted Living
Facility Address:	5490 Duffield Road Flushing, MI 48433
Facility Telephone #:	(810) 423-8049
Application Date:	04/05/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

04/01/2016	Contact - Document Received copy of healthcare provider CPR and first aid and verification of negative TB test for R. Fletcher.
04/05/2016	Enrollment
04/05/2016	Contact - Document Received Medical clearance but not signed by doctor (returned) Livescan fingerprint background check request and copy of receipt for livescan fingerprints for R. Fletcher.
04/05/2016	Contact - Document Sent rules and act
04/05/2016	Application Incomplete Letter Sent sent back incomplete BCAL-3704-medical clearance request and gave her 1326-childcare lic. record clearance requests (2) in person today but mentioned to send back in app. incomplete letter.
04/05/2016	Inspection Report Requested - Health inv 1025606
04/06/2016	Contact - Document Received in an e-mail recvd BCAL 1326A Lic. Rec. Clearance request for R. Fletcher.
04/06/2016	PSOR on Address Completed no hit
04/11/2016	File Transferred to Field Office Flint/Genesee
04/11/2016	Inspection Completed-Env. Health: A full approval
04/20/2016	Application Incomplete Letter Sent
05/06/2016	Contact - Document Received BCAL-3704-AFC recvd at Central Office through an e-mail, for and R. Fletcher with negative TB results. Forwarded to the consultant.
05/20/2016	Contact - Face to Face

At the request of the applicants, a walk-thru of the facility was done and suggestions were given regarding options they could do to the physical plant (remodeling).

05/09/2017	Contact - Telephone call made Spoke to applicant, who stated that they had to put renovations of property on hold for a while but are working on it again and are hoping to be done within the next few months.
07/25/2017	Contact - Document Sent Sent licensee 10 day continued interest letter.
08/07/2017	Contact - Telephone call received Spoke to applicant. They have had medical issues that have put them behind with renovations. Still need ramps, electrical for new rooms and floors. Anticipates 2-4 weeks before complete.
08/09/2017	Application Incomplete Letter Sent 2nd letter sent due to certain paperwork being outdated.
09/12/2017	Contact - Document Received Received required paperwork from applicant. Renovations to physical plant are almost done.
11/22/2017	Inspection Report Requested – Health
01/08/2018	Contact – Telephone call made Spoke to applicant, who stated that they are in the end stages of finishing the remodeling to the physical plant.
02/12/2018	Inspection Completed – BCAL Sub. Compliance
02/20/2018	Confirming Letter Sent
04/02/2018	Inspection Completed – Env. Health: A
05/18/2018	Contact – Telephone call made Spoke to applicant and they are ready for final inspection.
05/29/2018	Inspection Completed – BCAL Full Compliance
05/29/2018	Recommend License Issuance
05/29/2018	LSR Generated
06/01/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Alternative Assisted Living is a ranch style home that is located on just under a 2-acre lot in a semi-rural area of Flushing, MI. There is a 2 ½ car attached garage, with cement floors and ample room for storage. The facility has a gravel driveway for parking space for staff and visitors. This property is owned by the applicant, Renea Fletcher.

The home consists of a living room, kitchen, dining area, family room, two full baths, one half bath, utility/laundry room and four resident bedrooms. The facility has a total of three exits. One at the front, one in the rear of the facility and one through the attached garage. There are covered porches at both the front and rear of the home, with both porches having attached wheelchair ramps.

The facility's furnace runs on propane gas and is located in the large crawl space beneath the home. Access to the crawl space and furnace is from outside the home. The furnace is brand new and was installed by a certified HVAC technician in February 2018. The home's tankless hot water heater is located in the utility/laundry room. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	17' x 14' 5" = 245 square feet	
Family Room	15' x 12' 6" = 187 square feet	
Dining area	12' 6" x 9' 5" = 117 square feet	
Bedroom #1	8' 8" x 7' 4" = 64 square feet plus 3' x 6' = 18 square feet 82 total square feet	1 resident
Bedroom #2	13' 2" x 12' 8" = 166 square feet	2 residents
Bedroom #3	10' 10" x 10' 3" = 111 square feet	1 resident
Bedroom #4	13' 1" x 12' 5" = 162 square feet	2 residents

The facility has a private well for a water supply and private septic tank for a sewage disposal system. The Genesee County Health Department inspected both the water and sewage systems on 4/2/18 and gave the home an approval "A" rating.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents' ages 30 to 100, who suffer from mental illness, developmental disabilities, aged, and/or Alzheimer's. The purpose of this facility is to provide a home-like setting for the 24-hour care of the residents. It will provide the least restrictive environment possible that will maximize the social and psychological well-being of the residents. The goal of this facility is for the residents to be as self-sufficient as possible and for their needs to be met in a dignified and humane manner,

while providing adequate supervision with on-going monitoring and modifying of services. This facility is wheelchair accessible and has alarms installed on all three exit doors.

C. Applicant and Administrator Qualifications

Renea Fletcher is the applicant/licensee and will also serve as the administrator of the facility. A criminal history background check was completed for Ms. Fletcher and she has been determined to be of good moral character. She submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (4) residents will be the responsibility of the applicant 24 hours a day, 7 days a week. The applicant has indicated that for the original license of this 4-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](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 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers 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, administrator, or volunteer staff, and the retention schedule for all the documents contained within each employee's file.

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 volunteers and the retention schedule for all the documents contained within the 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 their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

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 the documents contained within each resident's file.

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 discharge written 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 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 an accident involving 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 that a separate Resident Funds Part II (BCAL-2319) form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

Renea Fletcher has 20 years of experience as a licensed physical therapy assistant. She has spent 18 of those years providing home care physical therapy to the aged, developmentally disabled, mentally ill and Alzheimer/dementia population. Ms. Holmes reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



6/4/18

Christopher Holvey
Licensing Consultant

Date

Approved By:



6/4/18

Mary E Holton
Area Manager

Date