



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 31, 2018

Barbara Graham
Graham AFC LLC
5308 W Frances Rd
Clio, MI 48420

RE: Application #: AS250393537
Graham AFC LLC
5308 W Frances Rd
Clio, MI 48420

Dear Mrs. Graham:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS250393537
Licensee Name:	Graham AFC LLC
Licensee Address:	5308 W Frances Rd Clio, MI 48420
Licensee Telephone #:	(810) 687-0566
Licensee Designee:	Barbara Graham
Name of Facility:	Graham AFC LLC
Facility Address:	5308 W Frances Rd Clio, MI 48420
Facility Telephone #:	(810) 687-0566
Application Date:	04/11/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/11/2018	On-Line Enrollment
04/12/2018	Inspection Report Requested - Health inv #1028189
04/12/2018	Contact - Document Sent rule and act books
04/20/2018	Contact - Document Received 1326 and application
04/20/2018	File Transferred To Field Office Flint
05/17/2018	Inspection Completed-Env. Health : A
07/23/2018	Application Incomplete Letter Sent
07/31/2018	Inspection Completed On-site
07/31/2018	Inspection Completed-BCAL Full Compliance
07/31/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been continuously licensed as an adult foster care facility and operated by the applicant since February 1988. Barbara Graham is the current individual licensee and will be the licensee designee for the applicant corporation.

This facility is a split level ranch style home located in Clio, Michigan. This facility is within a short traveling distance of several community resources and businesses. The second level of the home is being utilized as Ms. Graham's personal living quarters. This facility is not wheel chair accessible.

The hot water heater and furnace are located in a mechanical room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	18'x17'	306 sq. ft.	2
Bedroom #2	14'x12'	168 sq. ft.	1
Bedroom #3	13'x12'	156 sq. ft.	1
Bedroom #4	14'x11'	154 sq. ft.	2
Total Capacity = 6 residents			

The living, dining, and sitting room areas measure a total of 920 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. There are two full bathrooms for resident use on the same level as the resident bedrooms.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped or aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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, and the

responsible agency.

The applicant will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Graham AFC LLC. 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.

Barbara Graham is the licensee designee and administrator for the applicant. Ms. Graham has been an individual licensee since 1988 and meets the requirements for licensee designee and administrator.

A licensing record clearance request was completed with no criminal convictions recorded for Ms. Graham. Ms. Graham submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 six (6)-bed facility is adequate and includes a minimum of 1 staff –to- 6 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), 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 and that only those direct care staff that have received medication training and have been determined competent by the applicant, 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 applicant, 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 at the time of licensure.

IV. RECOMMENDATION

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

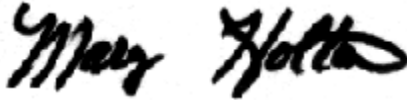


7/31/18

Kent W Gieselman
Licensing Consultant

Date

Approved By:



7/31/18

Mary E Holton
Area Manager

Date