



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 25, 2018

Etelka Thomas  
A Touch of Grace 1596, INC  
1596 Ru-Lane Drive  
Lapeer, MI 48446

RE: Application #: AS440391695  
A Touch of Grace 1596, INC  
1596 Ru-Lane Drive  
Lapeer, MI 48446

Dear Ms. Thomas:

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 blue ink 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**

<b>License Application #:</b>	AS440391695
<b>Applicant Name:</b>	A Touch of Grace 1596, INC
<b>Applicant Address:</b>	1596 Ru-Lane Drive Lapeer, MI 48446
<b>Applicant Telephone #:</b>	(810) 908-1743
<b>Licensee Designee:</b>	Etelka Thomas
<b>Administrator:</b>	Victoria Rodgers
<b>Name of Facility:</b>	A Touch of Grace 1596, INC
<b>Facility Address:</b>	1596 Ru-Lane Drive Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 908-1743
<b>Application Date:</b>	12/07/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

12/07/2017	Enrollment
12/11/2017	Inspection Report Requested - Health 1027750
12/11/2017	Application Incomplete Letter Sent 1326 applicant and admin
12/11/2017	Contact - Document Sent rule and act books
01/12/2018	Contact - Document Received 1326
01/12/2018	File Transferred To Field Office Flint
02/05/2018	Inspection Completed-Env. Health : A
02/07/2018	Application Incomplete Letter Sent
04/16/2018	Contact - Telephone call received Contact with applicant.
10/01/2018	Contact - Telephone call received Contact with applicant. Stated that she would be ready for original inspection in 3-4 weeks.
10/01/2018	Application Complete/On-site Needed
10/23/2018	Inspection Completed On-site
10/23/2018	Inspection Completed-BCAL Full Compliance
10/25/2018	Recommend License Issuance

### III.DESCRPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single-story ranch-style building located in Lapeer, Michigan. The building has a full basement used for storage, as well as two mechanical rooms containing the furnaces and hot water heaters for this facility. The mechanical rooms have a self-closing solid core door that is 1 3/4 inches thick. The furnaces and hot water heaters were inspected on 4/12/18 and are in mechanically sound condition. There are fire extinguishers located on each floor of this facility, and the smoke detectors are hard wired and interconnected. This facility has a private well and septic system and both were inspected on 2/5/18 and received an "A" rating from the Lapeer County Environmental Health Department.

This facility is equipped with a ramp for wheelchair accessibility. This facility has the following rooms;

- 1) Full Kitchen
- 2) Laundry room on the ground level.
- 3) Attached two car garage
- 4) Dining room measuring 320 sq. ft.
- 5) Family room measuring 167 sq. ft.
- 6) Living room measuring 350 sq. ft.
- 7) Two full and one half bathrooms located on the ground level in the same hallway as the resident bedrooms.
- 8) Six resident bedrooms with the following dimensions;

<b>Bedroom 1</b>	142 sq. ft.	1 resident bed
<b>Bedroom 2</b>	117 sq. ft.	1 resident bed.
<b>Bedroom 3</b>	150 sq. ft.	1 resident bed.
<b>Bedroom 4</b>	144 sq. ft.	1 resident bed.
<b>Bedroom 5</b>	120 sq. ft.	1 resident bed.
<b>Bedroom 6</b>	122 sq. ft.	1 resident bed.

## **B. Program Description**

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services for male and female residents who are aged, developmentally disabled and physically handicapped. This facility will admit both males and female over the age of 65 years. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others, does not require 24-hour nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the goals identified in their person-centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in workshops in the community on a daily basis if they are able to do so.

## **C. Licensee designee and Licensee designee/ Administrator Qualifications**

The applicant is A Touch of Grace1596 Inc. The board of the corporation has named Etelka Thomas as the licensee designee and Victoria Rodgers as the administrator. Ms. Thomas and Ms. Rodgers have all of the qualifications needed to be acting in these positions.

A search of the Law Enforcement Information Network was completed for the licensee designee or administrator. The licensee designee and administrator submitted 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 budget that was submitted.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the licensee 24 hours a day / 7 days a week.

The licensee designee acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

The licensee designee 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](http://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 licensee designee acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee designee 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 licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, the licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee designee, administrator or volunteer or staff, and the retention schedule for all of the documents contained within each employee’s file.

The licensee designee acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The licensee designee 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 licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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**

There are no rule violations at this time.

**IV. RECOMMENDATION**

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



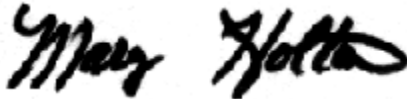
10/25/2018

---

Kent W Gieselman  
Licensing Consultant

Date

Approved By:



10/25/22018

---

Mary E Holton  
Area Manager

Date