



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 9, 2018

Laticia King
Trinity Blessings LLC
136 S. 16th Street
Saginaw, MI 48601

RE: Application #: AS730393671
Trinity Blessings LLC
3084 Janes St.
Saginaw, MI 48601

Dear Ms. King:

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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730393671
Applicant Name:	Trinity Blessings LLC
Applicant Address:	3084 Janes St Saginaw, MI 48601
Applicant Telephone #:	(989) 482-4333
Licensee Designee:	Laticia King, Designee
Administrator:	Aba Hayford
Name of Facility:	Trinity Blessings LLC
Facility Address:	3084 Janes St. Saginaw, MI 48601
Facility Telephone #:	(989) 482-4333
Application Date:	03/26/2018
Capacity:	4
Program Type:	MENTALLY ILL

II. METHODOLOGY

03/26/2018	Enrollment
04/19/2018	Application Incomplete Letter Sent 1326 (Latrice) & BCHS-AFC CC001(ABA)
04/19/2018	Contact - Document Sent Rule and act book
04/30/2018	Contact - Document Received 1326 laticia and Info Req for aba
04/30/2018	File Transferred To Field Office Saginaw
05/07/2018	Application Incomplete Letter Sent
10/25/2018	Inspection Completed-BCAL Full Compliance
11/02/2018	Contact - Document Received Received Medical Clearances for Laticia King, Dominique Howard and Aba Hayford
11/09/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The premises at 3084 Janes Avenue, Saginaw, Michigan 48601 is owned by Roy Patton and is being leased to Trinity Blessings LLC. This property is located in Buena Vista Township in a residential area. This single story four-bedroom ranch style house is built on a basement. Trinity Blessings was previously licensed as an adult foster care home from 12/16/2010 through 04/25/2017. 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.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching software located at the top of the stairs. The furnace was inspected and determined to be fully operational on October 20, 2018. An electrical inspection was completed on October 14, 2018 and was approved.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NE #1	11' X 9'	99 sq. feet	1
S #2	11'3" X 10'2"	112.5 sq. feet	1
SE #3	12'5" X 9'4"	115.8 sq. feet	1
SW #4	11' X 9'	99 sq. feet	1

The living, dining, and sitting room areas measure a total of 377 square feet of living space. There are two full bathrooms in this facility. This exceeds the minimum of 35 square feet per resident requirement.

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.

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 **four (4)** male ambulatory adults whose diagnosis is mentally impaired in the least restrictive environment possible, ages 18-75. Wheelchair users will not be accepted. 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. Residents will be referred from Community Mental Health Authority, hospitals, and nursing homes.

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 licensee 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 Administer Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

The applicant is Trinity Blessings, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 04/04/2018. 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.

The Board of Directors of Trinity Blessings, L.L.C. has submitted documentation appointing Laticia King as Licensee Designee for this facility and Aba Hayford as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the Licensee Designee Laticia King and Administrator Aba Hayford. Licensee Designee Laticia King and Administrator Aba Hayford submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Licensee Designee Laticia King and Administrator Aba Hayford have 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 4-bed facility is adequate and includes a minimum of 2 staff-to-4 residents for the day shift and 1 staff-to-4 residents night shift. All staff shall be awake during sleeping hours.

Licensee Designee Laticia King and Administrator Aba Hayford acknowledge 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.

Licensee Designee Laticia King and Administrator Aba Hayford 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.identogo.com) (Formerly L-1Enrollment, by Morpho Trust), and the related documents required to be maintained in each employees record to demonstrate compliance.

Licensee Designee Laticia King 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.

Licensee Designee Laticia King acknowledges her 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 at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-4).

Kathryn Huber

11/09/2018

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary Holton

11/09/2018

Mary E Holton
Area Manager

Date