

RICK SNYDER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

October 10, 2018

Andrea Charlton True Tender Loving Care Adult Fostering LLC 3407 Dolores Ave Warren, MI 48091

RE: Application #: AS

AS500394497

The Charlton Home 45492 Lone Pine Lane

Macomb Township, MI 48044

Dear Ms. Charlton:

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 5 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 (248) 975-5053.

Sincerely,

Roeiah Epps, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342 (586) 256-1776

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #:** AS500394497

**Applicant Name:** True Tender Loving Care Adult Fostering LLC

**Applicant Address:** 3407 Dolores Ave

Warren, MI 48091

**Applicant Telephone #:** (833) 878-3852

Licensee Designee: Andrea Charlton

Administrator: Andrea Charlton

Name of Facility: The Charlton Home

**Facility Address:** 45492 Lone Pine Lane

Macomb Township, MI 48044

**Facility Telephone #:** (810) 937-7050

Application Date: 06/02/2018

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

AGED

**ALZHEIMERS** 

#### II. METHODOLOGY

06/02/2018	Enrollment Online enrollment
06/05/2018	Contact - Document Sent Rule & Act booklets
06/11/2018	Contact - Document Received Licensing file received from Central office
06/13/2018	Contact - Document Sent Email sent to applicant
06/13/2018	Application Incomplete Letter Sent
07/10/2018	Technical Assistance
08/17/2018	Application Incomplete Letter Sent
10/05/2018	Application Complete/On-site Needed
10/05/2018	Inspection Completed-BCAL Full Compliance

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

# A. Physical Description of Facility

The home is located in a suburban community of Macomb Township, north of Hall Road. The facility is a brick and vinyl sided ranch style home, on a residential lot. The home has a paved driveway, with an attached two-car garage. The living and dining space in the home contains 466 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The first-floor bathtub and fireplace are not approved for residents' use. The home is also not wheelchair accessible.

Location	Dimensions	Square Footage	Capacity
Bedroom #1	14'8" x 14'2"	210 sq. ft.	2
Bedroom #2	10'8" x 10'2"	110 sq. ft.	1
Bedroom #3	13'0" x 10'42"	135 sq. ft.	2

Total capacity: 5

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to five ambulatory residents, whose diagnoses are dementia, Alzheimer's and/or developmentally disabled. The program will include social interaction, personal hygiene care and transportation.

### C. Applicant and Administrator Qualifications

The applicant is True Tender Loving Care Adult Fostering LLC, which is a "Domestic Limited Liability Company" established in Michigan on 6/19/2015. The applicant has 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 a projected budget which includes the applicant's savings and financial accounts.

The applicant/owner Andrea Charlton is the sole board member of True Tender Loving Care Adult Fostering LLC. Ms. Charlton has appointed herself as licensee designee and administrator of the facility. A licensing record clearance was completed and the licensee designee and administrator is of good moral character. The licensee designee and administrator submitted a medical clearance for herself documenting her good health and current TB test with negative or latent/non-active results. Ms. Charlton provided verification of her education, training, and years of experience working with the dementia, Alzheimer; and developmentally disabled population, for approximately four years in AFC group homes.

Ms. Charlton, the licensee designee and administrator acknowledged it is her responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The licensee designee and administrator was also instructed about background check requirements. The licensee designee and administrator was 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 employee's record to demonstrate compliance.

Ms. Charlton acknowledged and understands the administrative rules regarding medication procedures. In addition, she indicated that resident medication will be stored in a locked cabinet. A daily medication log will be maintained. The licensee

designee understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them.

Ms. Charlton acknowledged awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices. Ms. Charlton also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

Ms. Charlton understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The licensee designee has indicated that it is her intention to maintain compliance with this requirement.

The licensee designee and administrator Ms. Charlton acknowledged it is her responsibility to maintain required resident records.

Ms. Charlton, licensee designee, 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 with a capacity of five residents.

Pfreiah Epp	2	10/9/18
Roeiah Epps		Date
Licensing Consultant		
Approved By:		
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Maun Jimn	10/10/2018	
Dawn Timm Area Manager		Date