



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 26, 2019

Andrea Jordan
1757 Beacon Dr.
Saginaw, MI 48602

RE: Application #: AS730396762
Passionate Care AFC
2501 Kensington Dr
Saginaw, MI 48601

Dear Andrea Jordan:

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 3 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 #:	AS730396762
Licensee Name:	Andrea Jordan
Licensee Address:	1757 Beacon Dr. Saginaw, MI 48602
Licensee Telephone #:	(989) 484-6288
Administrator:	Andrea Jordan
Licensee:	Andrea Jordan
Name of Facility:	Passionate Care AFC
Facility Address:	2501 Kensington Dr Saginaw, MI 48601
Facility Telephone #:	(989) 484-6288
Application Date:	10/15/2018
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/15/2018	On-Line Enrollment
10/16/2018	Contact - Document Sent Rule and act books
10/16/2018	Contact - Document Sent rule and act book
11/16/2018	Contact - Document Received 1326, RI030, Afc 100, IRS letter
12/03/2018	Application Incomplete Letter Sent
02/07/2019	Inspection Completed On-site
02/07/2019	Inspection Completed-BCAL Sub. Compliance
02/07/2019	Application Complete/On-site Needed
02/11/2019	Inspection Completed On-site Full Compliance
02/21/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Passionate Care AFC is located in the City of Saginaw in the city's east side in a residential area. The property at 2501 Kensington, Saginaw, MI is owned by Stephon Taylor and is being leased with an option to buy by Andrea Jordan. The ranch style house is vinyl sided built on a crawl space. The home contains a living room, dining room, kitchen, three bedrooms, a sitting room, and one full bathroom. There is ample parking in the driveway and on the street out front.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The furnace was inspected on February 7, 2019 and was determined to be fully operational. 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10'4" X 8'	80.4 sq. feet	1
#2	12' X 10'4"	124.8 sq. feet	1
#3	10'4" X 10'5"	109.2 sq. feet	1

The living, dining, and sitting room areas measure a total of 379.45 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) 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 three (3) male or female ambulatory adults, age 18 to 99, whose diagnosis is developmentally disabled, mentally impaired, aged, physically handicapped, or brain injured in the least restrictive environment possible. The facility will not accept wheelchair users. 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 hospitals, nursing homes, and community mental health.

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. Licensee Designee and Administrator 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 outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant/administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/administrator 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 3-bed facility is adequate and includes a minimum of 1-staff-to-3 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 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 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 her 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.

IV. RECOMMENDATION:

I recommend issuance of a temporary license to this AFC adult small group home (capacity 3).

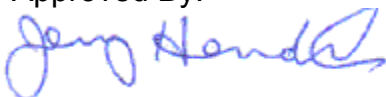


02/26/2019

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



02/26/2019

Jerry Hendrick
Area Manager

Date