



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 7, 2019

Carlos and Chrissandra Padilla
1015 N. Saginaw
Holly, MI 48442

RE: Application #: AF630386484
Junipero Family Home
1015 N. Saginaw
Holly, MI 48442

Dear Carlos and Chrissandra Padilla:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630386484
Licensee Name:	Carlos Padilla and Chrissandra Padilla
Licensee Address:	1015 N. Saginaw Holly, MI 48442
Licensee Telephone #:	(810) 347-5221
Administrator/Licensee Designee:	N/A
Name of Facility:	Junipero Family Home
Facility Address:	1015 N. Saginaw Holly, MI 48442
Facility Telephone #:	(248) 369-8813
Application Date:	01/17/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

01/17/2017	On-Line Enrollment
01/24/2017	PSOR on Address Completed
01/24/2017	Application Incomplete Letter Sent FPs, RI030s,1326As/Carlos&Chrissandra,1326A/Monica.
01/24/2017	Contact - Document Sent Act & Rules.
02/10/2017	Comment FP's for Carlos & Chrissandra
02/17/2017	Contact - Document Received Rec cl's & RI-030's for Carlos & Chrissandra; med cl's & TB's for Carlos & Chrissandra; CPR & 1st Aid for Chrissandra; TB for Monica (RP)
02/28/2017	Comment Unattached household members: Anakyn & Lincoln
02/28/2017	Licensing Unit file referred for background check review Chrissandra Padilla
03/29/2017	File Transferred to Field Office Pontiac.
04/03/2017	Contact - Document Received Licensing file received from Central office
04/26/2017	Application Incomplete Letter Sent
10/30/2017	Contact - Document Received
10/30/2017	Application Complete/On-site Needed
10/30/2017	Inspection Completed On-site
10/30/2017	Inspection Completed-BCAL Sub. Compliance
02/05/2018	Contact - Document Received Received additional documents from the licensee.
02/05/2018	Application Incomplete Letter Sent
03/01/2018	Contact - Document Received

03/07/2018	Contact - Telephone call made Spoke with the licensee, Carlos Padilla
05/17/2018	Inspection Completed On-site
07/17/2018	Inspection Completed-BCAL Full Compliance
04/11/2019	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Junipero Family Home is located at 1015 Saginaw Road, Holly, MI 48442 and is owned by Carlos and Chrissandra Padilla. Proof of ownership is contained in the facility file.

Junipero Family Home is a wood sided, ranch-styled structure with 3,422 square feet of living space. The home is serviced by municipal water and sewage systems through the Village of Holly. It consists of a living room, dining room, TV room, kitchen, three bedrooms, two full bathrooms (one contained in bedroom #3), one half bathroom and an office. There is a breezeway that connects the home to the living area of Mr. and Mrs. Padilla and their two children. The home does not contain a basement.

The home is heated by a natural gas forced air furnace. The furnace is contained in the attic and the hot water tank is contained in an enclosed room located off the dining room. A copy of a furnace inspection report was provided and is contained in the facility file. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up that 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	12' x 11'6"	138	2
2	11'6" x 11'9"	135	2
3	14' x 14'	196	2

Total Capacity: 6

The indoor living and dining areas measure a total of 601 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Carlos and Chrissandra Padilla applied for an original license on 1/17/2017 for a family home and has designated Monica Padilla as the responsible person. The application indicates that the home will accept both male and female residents who are aged, physically handicapped, developmentally disabled, mentally ill, traumatically brain injured and or suffers from Alzheimer's disease.

Mr. and Mrs. Padilla intend to provide 24-hour supervision, protection and personal care to six (6) residents. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills.

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 or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including public libraries, local museums and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of Carlos, Chrissandra and Monica Padilla were completed, and they were determined to be of good moral character to provide licensed adult foster care. Carlos, Chrissandra and Monica Padilla submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. and Mrs. Padilla have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Mr. and Mrs. Padilla acknowledged the requirement that the licensee(s) of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 6 residents will be the responsibility of the family home applicant(s), 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Mr. and Mrs. Padilla acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

Mr. and Mrs. Padilla acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

Mr. and Mrs. Padilla acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. and Mrs. Padilla acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Mr. and Mrs. Padilla acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mr. and Mrs. Padilla indicate(s) that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. and Mrs. Padilla acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. and Mrs. Padilla acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. and Mrs. Padilla acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

Mr. and Mrs. Padilla acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. and Mrs. Padilla acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant(s).

Mr. and Mrs. Padilla acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Mr. and Mrs. Padilla indicated intent to respect and safeguard these resident rights.

Mr. and Mrs. Padilla acknowledged 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 issuing a discharge before a 30-day written discharge notice.

Mr. and Mrs. Padilla acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 6.

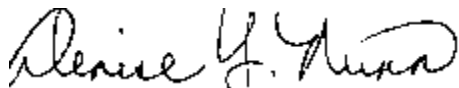


6/7/2019

Cindy Berry
Licensing Consultant

Date

Approved By:



06/07/2019

Denise Y. Nunn
Area Manager

Date