

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 3, 2019

Rachel Martinez Terrill D. Management, LLC 9227 Northfield Dr. Saginaw, MI 48609

> RE: Application #: AS730397173 RayEn A.F.C. Home III 267 Snow Ave Saginaw, MI 48602

Dear Ms. Martinez:

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 (810) 787-7031.

Sincerely,

Christolus A. Holvey

Christopher Holvey, Licensing Consultant Bureau of Community and Health Systems 4809 Clio Road Flint, MI 48504 (517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730397173
Applicant Name:	Terrill D. Management, LLC
Applicant Address:	9227 Northfield Dr. Saginaw, MI 48609
Applicant Telephone #:	(989) 239-2328
Administrator/Licensee Designee:	Rachel Martinez, Designee
Name of Facility:	RayEn A.F.C. Home III
Facility Address:	267 Snow Ave Saginaw, MI 48602
Facility Telephone #:	(989) 327-1720
Application Date:	11/07/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMER'S

II. METHODOLOGY

11/07/2018	Enrollment
11/14/2018	Application Incomplete Letter Sent 1326
11/14/2018	Contact - Document Sent rule and act books
11/26/2018	Contact - Document Received 1326
11/26/2018	File Transferred to Field Office Flint
01/15/2019	Application Incomplete Letter Sent
02/25/2019	Inspection Completed-BCAL Sub. Compliance
03/01/2019	Inspection Completed On-site
03/19/2019	Contact – Document received Received required documents from applicant
04/02/2019	Inspection Completed- BCAL Full Compliance
04/02/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

RayEn AFC Home III is a ranch style home that is located on a city lot in Saginaw, MI. There is a two-car covered car port attached to the side of the home. The home has a cement driveway for parking space for staff and visitors and parking is also available on the street in front of the home. This property is currently owned by the licensee, Terrill D. Management, LLC.

The main level of the home consists of a living room, kitchen/dining area combo, two full baths, staff office, one staff bedroom and four resident bedrooms. The facility has a total of three exits, one at the front and one in the rear and one out the side of the home to the car port/driveway. There is one step and a cement porch area at the front entrance.

The home's furnace and hot water heater are located in the basement and are separated from residents by a fully stopped, fire rated door that is equipped with an

automatic self-closing device and positive-latching hardware. The furnace was lasted inspected by a certified HVAC technician on March 4, 2019. Also located in the basement is a washing machine and dryer for laundry. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hardwired into the home's electrical system and are located in all sleeping and living areas.

Living Room	26' x 17' = 442 square feet	
Bedroom #1	11' 2" x 10' = 112 square feet	Staff/storage
Bedroom #2	13' 1" x 12' 3" = 160 square feet	2 residents
Bedroom #3	13' 1" x 10' 3" = 134 square feet	1 resident
Bedroom #4	9' 8" x 9' 5" = 91 square feet	1 resident
Bedroom #5	17' 8" x 15' 3" = 269 square feet	2 residents

The resident bedrooms and all living areas measured as follows:

The home has a public water supply and public sewage disposal system, which are both provided by the city of Saginaw.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to four male and/or female residents age twenty and over, who are mentally ill, developmentally disabled, aged, physically handicapped and/or suffer from Alzheimer's. The program plan is to provide residents with quality supervised care in a home-like atmosphere. Self-care will be encouraged to maintain the highest level of independence possible for each resident. The home will provide direction and opportunity for growth and development through activities that foster independent function such as dressing, grooming, manners, social interactions, cultural enrichment and productive utilization of leisure time. RayEn AFC Home III will provide secured and alarmed entrance/exits throughout the home. It will provide a safe environment to prevent falls and injuries and also offer cognitive programs to residents. The home will encourage family/patient center care and participation in home and community-based activities. Assistance with transportation to community events will be provided. The facility is wheelchair accessible.

C. Applicant and Administrator Qualifications

Terrill D Management, LLC is the applicant and Rachel Martinez has been assigned as the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Martinez and she has been determined to be of good moral character. She submitted statements from a physician documenting his good health and current TB-tine negative results. The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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), and the related documents required to be maintained in each employee's 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant 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.

The applicant acknowledges their 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, the required forms and signatures to be completed for each resident on an annual basis.

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 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 discharge written notice.

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 an accident involving 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 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.

Ms. Martinez has three years of experience as a licensee and administrator at licensed AFC facilities. Ms. Martinez reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

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

Christophen A. Holway

4/2/19

Christopher Holvey Licensing Consultant

Date

Approved By:

herry Holton 4/3/19

Mary E Holton Area Manager Date