



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 9, 2016

Gerard Lorkowski
7450 Brockway Road
Melvin, MI 48454

RE: Application #: AF760379279
Lorkowski, Gerard
7450 Brockway Road
Melvin, MI 48454

Dear Mr. Lorkowski:

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 (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 #:	AF760379279
Applicant Name:	Gerard Lorkowski
Applicant Address:	7450 Brockway Road Melvin, MI 48454
Applicant Telephone #:	(586) 219-1300
Administrator/Licensee Designee:	N/A
Name of Facility:	Lorkowski, Gerard
Facility Address:	7450 Brockway Road Melvin, MI 48454
Facility Telephone #:	(586) 219-1300 05/19/2015
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

05/19/2015	Enrollment
09/16/2015	PSOR on Address Completed
09/16/2015	Application Incomplete Letter Sent 1326/Geraldine (2ndRequest).
09/16/2015	Contact - Document Sent Act & Rules.
09/16/2015	Inspection Report Requested - Health 1024772.
09/29/2015	Contact - Telephone call made Gerard-1326/Geraldine (not himself), will send 1326/Geraldine a third time.
10/01/2015	Contact - Telephone call received Linda Sambridge/SanilacHlthDept-.
10/01/2015	Application Incomplete Letter Sent 3rdRequest-1326/Geraldine.
11/06/2015	Application Complete/On-site Needed
11/06/2015	File Transferred To Field Office Saginaw.
11/19/2015	Application Incomplete Letter Sent
11/24/2015	Inspection Completed-Env. Health : A
04/26/2016	Inspection Completed On-site
04/28/2016	Inspection Completed-BCAL Full Compliance
05/09/2015	Recommend License Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 7450 Brockway, Melvin, Michigan is owned free and clear by Geraldine Lorkowski. Geraldine Lorkowskk owned and operated Mattice AFC Home (AF760005928) continually since April 29, 1988 until the issuance of this license.

Geraldine Lorkowski has allowed Gerard Lorkoski to operate an adult foster care home in her home.

Gerard Lorkowski Adult Foster Care Home is located in rural Sanilac County, approximately five miles south of the Village of Peck. This home is a one-story ranch style home situated on 2 ½ acres of land. The facility is composed of three resident bedrooms, kitchen, dining and living areas with a full bathroom. Gerard Lorkowski will occupy a bedroom that has a full bathroom and is located in the south end of the facility.

The furnace and hot water heater are located on the main floor in a room that is constructed of material that has a 1-hour-fire-resistance rating. A new boiler was installed on March 9, 2015. The boiler was tested and inspected and determined to be fully operational on March 9, 2015. The facility has private water and sewer systems. A Sanilac County Health Department Sanitarian determined the facility to be in substantial compliance on October 15, 2015.

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'	132	2 residents
#2	12' X 11'	132	2 residents
#3	12' X 11'8"	140	2 residents

The living, dining, and sitting room areas measure a total of 657 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six female ambulatory residents, ages 60 and over, whose diagnosis is aged or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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 the public schools and library, local museums, and

shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Rule/Statutory Violations

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

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 outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

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

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.identogo.com), (formerly L-1 Enrollment, by Morpho Trust) 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. 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 the responsible person and volunteers or staff 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, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

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 family home (capacity 1-6).

Kathryn Huber

05/09/2016

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary Holton

05/09/2016

Mary E Holton
Area Manager

Date