



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 11, 2018

Thurman Taylor
1505 Morewood Dr. SE
Grand Rapids, MI 49508

RE: Application #: AS080392394
Church St AFC.
1505 N. Church St
Hasting, MI 49058

Dear Mr. Taylor:

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 cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS080392394
Licensee Name:	Thurman Taylor
Licensee Address:	1505 Morewood Dr. SE Grand Rapids, MI 49508
Licensee Telephone #:	(616) 247-1412
Administrator	Thurman Taylor
Name of Facility:	Church St AFC.
Facility Address:	1505 N. Church St Hasting, MI 49058
Facility Telephone #:	(616) 291-6703
Application Date:	02/01/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/01/2018	On-Line Enrollment
02/01/2018	Contact - Document Received 1326 for Thurman Taylor
02/07/2018	Contact - Document Sent Rule & ACT Books
02/07/2018	File Transferred To Field Office Lansing
02/14/2018	Application Incomplete Letter Sent
03/11/2018	Application Complete/On-site Needed
03/11/2018	Contact – Document Received Received copy of admission policy, discharge policy, floor plan, lease agreement, permission to inspect, program statement, right to occupy, standard/routine procedures, and staffing pattern.
03/21/2018	Inspection Completed – On site
03/21/2018	Inspection Completed – BCAL full Compliance
03/27/2018	Contact – Document Received Received copy of budget, contract, credit report, designated person appointment, personal financial statement, and TB test results.
04/02/2018	Contact - Document Received Medical clearance for licensee/administrator Thurman Taylor

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Church St. AFC is a one-story ranch style home located in the city of Hastings, MI. There are four bedrooms in the home, all designated for residents, and all are located on the main floor of the home. There are two full bathrooms in the home, both designated for resident use and both are located on the main floor of the home, in the same hallway as all of the bedrooms. The home also contains a living room, dining room, kitchen, laundry room and garage, all located on the main floor of the home. The home is wheelchair accessible and has two approved means of egress that are at grade on the first floor. The home utilizes a public water supply and sewage disposal system.

The gas furnace and hot water heater are located in the garage behind a 20-minute metal fire rated door equipped with an automated self-closing device and positive-latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and is fully sprinkled.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' 5" X 11' 0"	170	2
2	10' 10" X 15' 6"	168	2
3	15' 0" X 11' 0"	165	1
4	15' 0" X 11' 0"	165	1

The indoor living and dining areas measure a total of 588 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Thurman Taylor, intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female residents who are aged, mentally ill, or developmentally disabled. The program will include full or partial assistance with mobility and transfers, full or partial assistance with all activities of daily living, medication administration, positive behavior management, training to develop social

interaction skills, training to develop personal hygiene, training to develop personal adjustment skills, training to develop public safety skills, training to develop independent living skills, the opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Community Mental Health or individuals with private sources of payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local malls, restaurants, parks, zoos and museums. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant, Thurman Taylor, 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 from operating three additional licensed adult foster care facilities. The applicant submitted a budget, a copy of funding contracts, personal financial statement, and statement of income.

A criminal history background checks of applicant Thurman Taylor, who is also the administrator, was completed and he was determined to be of good moral character to provide licensed adult foster care. The applicant/administrator submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

The applicant/administrator provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant/administrator, Mr. Taylor has successfully administered three licensed adult foster care homes since 2012. Mr. Taylor is the licensee and administrator of one family home and two small group homes. As the licensee of a family home Mr. Taylor provides direct care to individuals with a mental illness and/or developmental disability by managing difficult behaviors, administering medication, helping with bathing, hygiene and grooming, and facilitating community inclusion. Mr. Taylor stated he also takes residents on day trips to locations such as Michigan's Adventure. As a small group home licensee, Mr. Taylor provides direct care to residents with a mental illness or developmental disabilities by providing hands – on care to all residents for completion of all activities of daily living, providing training in the areas of independent living skills, job skills, food preparation skills, budgeting skills, shopping skills, and basic arithmetic skills. Mr. Taylor stated that he also has personal experience caring for the aged population, as he cared for his elderly mother, who was diagnosed with ALS for 6 years. Mr. Taylor stated that he assisted his mother with personal care, feeding, medication administration, monitoring of her health and wellbeing, as well as transportation to and

participation in all doctor appointments. Mr. Taylor submitted documentation that he has received formal training in the topics of emergency physical intervention, nutrition, resident self-determination, resident rights, medication administration, CPR and first aid, working with people, trauma informed services, and positive behavioral support.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of (1) one staff for six (6) residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledges 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.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant 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 temporary license to this AFC adult small group home (capacity 1-6).

Leslie Barner

04/04/18

Leslie Barner
Licensing Consultant

Date

Approved By:

Dawn Timm

04/11/2018

Dawn N. Timm
Area Manager

Date