



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 15, 2020

Cassandra Pressley  
8395 Parkside Drive  
GRAND BLANC, MI 48439

RE: Application #:	AM250390141 Tranquility House AFC 2039 Clifford Street Flint, MI 48503
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Dear Ms. Pressley:

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 11 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson, MA, LRC".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250390141
<b>Licensee Name:</b>	Cassandra Pressley
<b>Licensee Address:</b>	8395 Parkside Drive GRAND BLANC, MI 48439
<b>Licensee Telephone #:</b>	(810) 610-5942
<b>Licensee Designee:</b>	Cassandra Pressley
<b>Administrator</b>	Natasha Redford
<b>Name of Facility:</b>	Tranquility House AFC
<b>Facility Address:</b>	2039 Clifford Street Flint, MI 48503
<b>Facility Telephone #:</b>	(810) 610-5942
<b>Application Date:</b>	08/28/2017
<b>Capacity:</b>	11
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODOLOGY

08/28/2017	On-Line Enrollment
08/29/2017	Inspection Report Requested - Fire
08/29/2017	Contact - Document Sent Rule & Act booklets, Fire Safety String
10/23/2017	Contact - Document Received Fp's, RI-030, 1326 for both Natasha & Cassandra
10/26/2017	File Transferred To Field Office - Flint
11/08/2017	Application Incomplete Letter Sent
02/09/2018	Contact - Document Received
02/23/2018	Application Incomplete Letter Sent
06/25/2018	Contact - Telephone call received Received call from Natasha asking for information on providing training to staff.
01/23/2019	Contact - Document Sent 10-day continued interest letter sent
02/04/2019	Contact - Telephone call received Voicemail message from Cassandra Pressley. Stated she is still interested in pursuing the license. Hopes to have things ready within 30-60 days
02/07/2019	Contact - Telephone call received Spoke to Ms. Pressley.
10/31/2019	Contact - Telephone call received Spoke to Natasha Redford. BFS is conducting their finally inspection on 11/8/19. Explained that once BFS gives an "A" rating, we can schedule the 1st onsite.
11/08/2019	Inspection Completed Fire Safety: A
11/08/2019	Inspection Completed Environmental Health: A

11/21/2019	Inspection Completed On-site
11/21/2019	Inspection Completed-BCAL Sub. Compliance
12/09/2019	Application Complete/On-site Needed
12/09/2019	Contact - Document Received Furnace and hot water heater inspected on 12/1/19 by Parks Heating and Cooling
01/07/2020	Inspection Completed On-site
01/07/2020	Inspection Completed-BCAL Full Compliance
01/08/2020	Contact - Document Sent Email sent to Natasha Redford.
01/15/2020	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Tranquility House Adult Foster Care facility is located at 2039 Clifford Street in the City of Flint within Genesee County Michigan. This facility operated as an Adult Foster Care home under the name Clifford St. AFC Home from July 20, 1999 through September 9, 2017, under license # AM250082393.

This facility received zoning approval from the City of Flint on 10/24/17 to operate an adult foster care home. On 11/27/17, Cassandra Pressley purchased the home and property from the original owner, Susie Williams and provided me with a copy of the deed. On 11/08/19, the Bureau of Fire Services gave this facility an "A" rating. The facility has public sewer and water through the City of Flint.

Tranquility House AFC is a ranch style, wheelchair accessible building with a wheelchair ramp leading to the west side of the facility and unobstructed entrance to the egress door at the north side of the facility. There is one additional egress door off the kitchen, which is not wheelchair accessible due to having steps, and would only be used in cases of emergency. All the exit doors are equipped with a chime that sounds whenever a door is opened. In addition, there are keypads at each door which need to be used in order to enter the facility. The facility has four double-occupancy bedrooms and three single-occupancy bedrooms in addition to a small kitchen, a full dining area to accommodate all residents, an office for staff, and a resident television room. There are three bathrooms in the facility, but one is for staff use only. The large bathroom is wheelchair accessible with a wheel-in shower and no tub. The second resident

bathroom has a tub and shower unit. Both bathrooms have grab and safety bars by the toilet and shower/tub.

This facility has two furnaces and two hot water heaters. One of the furnaces and hot water heaters are located on the main floor of the facility, in a closet off the television room. The closet has a solid core door equipped with an automatic self-closing device and positive latching hardware. The other furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The furnaces and hot water heaters were inspected by Parks Heating & Cooling on December 1, 2019. All equipment was deemed safe and in good working condition. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. This facility is fully sprinkled.

Resident bedrooms have the following dimensions:

Bedroom #	Total Square Footage	Total Resident Beds
Suite 1	155	2
Suite 2	135	2
Suite 3	135	1
Suite 4	130	1
Suite 5	130	1
Suite 6	133	2
Suite 7	133	2

The living, dining, and sitting room areas measure a total of 447 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 **eleven (11)** 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 **eleven (11)** male or female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, mentally ill, aged, or Alzheimer's in the least restrictive environment possible. 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 local agencies, hospitals, and home health agencies in addition to Genesee County Health Systems.

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 transportation for some program and medical needs and will make arrangements for other transportation needs as necessary. Their transportation policy outlines the details. The facility will make provisions 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. Applicant 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 outside employment.

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

The licensee designee and 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 11-bed facility is adequate and includes a minimum of 1-staff to-11 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 Identogo website ([www.identogo.com](http://www.identogo.com)) MorphoTrust USA 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 her 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 her 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 her 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 her 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 her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

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

#### **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 adult foster care medium group home with a capacity of 11.

*Susan Hutchinson, MA, LRC*

January 15, 2020

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

January 15, 2020

Mary E Holton Area Manager	Date
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