



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 17, 2017

Roderick Wiggins  
Turn Key Adult Care Inc.  
1780 Brookside Drive  
Flint, MI 48503

RE: Application #: AS250389103  
Turn Key Adult Care  
1780 Brookside Drive  
Flint, MI 48503

Dear Mr. Wiggins:

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 "C. Garza".

Christina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 240-2478

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250389103

**Applicant Name:** Turn Key Adult Care Inc.

**Applicant Address:** 1780 Brookside Drive  
Flint, MI 48503

**Applicant Telephone #:** (810) 444-9316

**Administrator/Licensee Designee:** Roderick Wiggins

**Name of Facility:** Turn Key Adult Care

**Facility Address:** 1780 Brookside Drive  
Flint, MI 48503

**Facility Telephone #:** (810) 208-6548

**Application Date:** 05/31/2017

**Capacity:** 6

**Program Type:** AGED

## II. METHODOLOGY

05/31/2017	Enrollment
06/29/2017	Application Incomplete Letter Sent 1326 and RI-030 Form
06/29/2017	Contact - Document Sent Rule and act booklets
07/10/2017	Contact - Document Received 1326 & RI-030 form from Rodrick
07/10/2017	File Transferred To Field Office Flint
08/22/2017	Application Incomplete Letter Sent
09/05/2017	Application Complete/On-site Needed
09/21/2017	Inspection Completed On-site
09/21/2017	Inspection Completed-BCAL Sub. Compliance
09/21/2017	Application Incomplete Letter Sent
09/29/2017	Inspection Completed On-site
09/29/2017	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Turn Key Adult Care is a one-story facility with a detached garage. It consists of a kitchen, living room, dining room, three resident bedrooms, and two bathrooms. The facility is wheelchair accessible. The property is owned by Turn Key Adult Care Inc.

The furnace and hot water heater are located on the main level of the home and is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. An inspection of the furnace was completed and approved on 9/21/2016. The laundry room is also located on the main level of the home. The facility is equipped with an interconnected smoke detection system. Smoke detectors have been installed near sleeping areas, kitchen, and furnace area. The facility has public water and sewer system. The facility is also connected to the municipal water supply.

There are three resident bedrooms located on the first floor of the home. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	10'2" x 13'2"	134 sq. ft.	2
Bedroom 2	11'2" x 12'10"	143 sq. ft.	2
Bedroom 3	13'1" x 12'11"	169 sq. ft.	2

The living and dining areas measure a total of 435 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

License Designee/administrator, Roderick Wiggins has submitted a copy of the required documentation. 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 six male or female ambulatory adults ages 60 years and older, whose diagnosis is aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed by a qualified person 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.

Roderick Wiggins will ensure that the resident's transportation and medical needs are met. Roderick Wiggins has transportation available for residents to access community-based resources and services. The facility will make provision 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**

On 06/05/2017, Turn Key Adult Care Inc. submitted an application to provide foster care services to six adults at 1780 Brookside Drive, Flint, Michigan.

Turn Key Adult Key Inc. is the applicant and Roderick Wiggins has been assigned as the License Designee/administrator of the facility. A criminal history background check was completed for Mr. Wiggins and he has been determined to be of good moral character. He 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 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](http://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.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. 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).



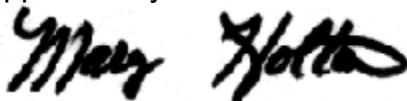
10/17/2017

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Christina Garza  
Licensing Consultant

Date

Approved By:



10/23/2017

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Mary E Holton  
Area Manager

Date