



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 26, 2020

Teatrice Williams
520 West Center Street
Albion, MI 49224

RE: Application #: AS130398156
QualiTea Living AFC Home
520 West Center Street
Albion, MI 49224

Dear Teatrice Williams:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130398156
Licensee Name:	Teatrice Williams
Licensee Address:	504 W Erie Street Albion, MI 49224
Licensee Telephone #:	(901) 907-3752
Administrator:	Teatrice Williams
Name of Facility:	QualiTea Living AFC Home
Facility Address:	520 West Center Street Albion, MI 49224
Facility Telephone #:	(901) 907-3752 02/04/2019
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/04/2019	On-Line Enrollment
02/13/2019	Contact - Document Received-1326 for Teatrice Williams
02/28/2019	Contact - Document Received- RI 030/Fingerprint for Teatrice Williams
02/28/2019	Contact - Document Sent- ACT Book
02/28/2019	File Transferred To Field Office Lansing
03/20/2019	Application Incomplete Letter Sent
04/08/2019	Contact - Document Sent- Application Incomplete Letter
09/26/2019	Second Application Incomplete Letter Sent
01/07/2020	Contact - Document Sent
02/05/2020	Application Complete/On-site Needed
02/28/2020	Inspection Completed On-site
02/28/2020	Inspection Completed-BCAL Sub. Compliance
03/16/2020	Contact - Document Received
03/17/2020	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

QualiTea Living AFC Home is a two-story, three-bedroom home located in the city of Albion. On file is proof of ownership. The facility's main entrance leads into an employee office, which then leads into the facility's living room and dining room. The facility's kitchen is located towards the back of the facility. Situated off the dining room is a large resident bathroom, equipped with both a bathtub and a shower, as well as a door leading to a small outside patio. Located on the second floor are three resident bedrooms and one resident bathroom, equipped with both a bathtub and a shower. The facility is not wheelchair accessible and utilizes the public water and sewage system.

On file is written confirmation from a professional inspection service verifying the gas-fired furnace and hot water heater, both located in the basement, were recently inspected and are in good working condition. A 1 ¾ inch solid core door, equipped with an automatic self-closing device and positive latching hardware, is located at the top of the stairs leading to the basement. The facility is equipped with an interconnected,

hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor, including in the basement. On file is written confirmation verifying the wood paneling used throughout the facility is fire-rated Class C grade. Also located on file is written confirmation the ceiling tiles used throughout the facility are fire-rated Class A grade.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' x 12'5"	137	2
2	17'5" x 7'6"	131	2
3	11'3" x 11'8"	131	2

The living, dining, and sitting room areas measure a total of 570 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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.

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 six (6) male and/or female ambulatory adults whose diagnoses are developmentally disabled and/or mentally impaired, 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. The applicant intends to accept referrals from Calhoun County-DHS, local County CMH agencies, and/or private pay individuals.

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 applicant will provide all transportation for program and medical needs. 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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by outside employment, a review of the applicant's credit report, and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, who is also the administrator. The applicant submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The applicant provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant obtained her MBA in Health Administration/Human Resources Management from Bethel University and has extensive experience in the medical field. The applicant is currently employed at Henry Ford Allegiance Health Hospital as a Women's Health OBGYN Medical Practice Supervisor. Prior to this experience, applicant Teatrice Williams worked with individuals diagnosed with mental illness and developmental disabilities as a direct support staff for three years. She provided personal care services, bathing, medication management, grooming, meals and daily activities.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one (1) staff to six (6) residents per shift. The applicant acknowledged the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledged 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 acknowledged their 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 acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, 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 home for adult foster care.

The applicant acknowledged 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged their 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 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged 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 acknowledged 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 and accident involving a resident, employee, and/or visitor.

The applicant acknowledged their 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

The applicant is in compliance with applicable administrative rules pertaining to physical plant.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.

Michele Streeter

03/18/2020

Michele Streeter
Licensing Consultant

Date

Approved By:

Dawn Timm

03/26/2020

Dawn N. Timm
Area Manager

Date