



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 27, 2020

LeeAnne Love Woolley
621 S M-30
Gladwin, MI 48624

RE: Application #:	AF260401827 La Paz AFC 621 S M-30 Gladwin, MI 48624
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Dear Mrs. Love Woolley:

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 (810) 787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF260401827
Applicant Name:	LeeAnne Love Woolley
Applicant Address:	621 S M-30 Gladwin, MI 48624
Applicant Telephone #:	(989) 701-5717
Administrator/Licensee Designee:	N/A
Name of Facility:	La Paz AFC
Facility Address:	621 S M-30 Gladwin, MI 48624
Facility Telephone #:	(989) 426-9327
Application Date:	09/20/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

09/20/2019	Enrollment
09/24/2019	Application Incomplete Letter Sent 1326 & RI030 for LeeAnne. AFC100 for Daniel & LeeVaun. completed copy of the application
09/24/2019	PSOR on Address Completed
10/21/2019	Inspection Completed- Env. Health: A
11/21/2019	Contact - Document Received Updated App, 1326, RI030, AFC100, Med Clear
11/22/2019	Comment Unaffiliated member of household LeeVaun James Woolley
11/22/2019	Application Incomplete Letter Sent AFC100 for Daniel
11/22/2019	Comment AFC100 needed for Trudy & Heidi
03/03/2020	Contact - Document Sent Ten Day Inactive Letter
03/03/2020	Inspection Completed On-site
03/04/2020	Contact - Document Received AFC100 for Daniel
03/04/2020	Comment Received email from Applicant stating Heidi Gary passed away on 02/19/2020.
03/04/2020	Contact - Document Received AFC100 for Trudy
04/08/2020	Application Incomplete Letter Sent Via email.
04/13/2020	Contact- Document Received Requested documents received via email from Mrs. Woolley including medical clearances, TB tests, and CAP compliance from 03/03/2020 on-site inspection.

05/08/2020	Contact- Documents Received Requested documents received via email from Mrs. Woolley.
05/20/2020	Contact- Document Received Requested documents received via email from Mrs. Woolley.
05/21/2020	Inspection Completed- BCAL Full Compliance
05/27/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property located at 621 S. M-30 Gladwin, MI 48624 in the rural city of Gladwin. The home is situated to the west of the I-75 North corridor, and north MI-10. The facility was previously licensed as La Paz (AF260065050) and has been continuously licensed since 07/21/1995. The home is a two-story structure with a metal roof and vinyl siding. The main level of the home includes a kitchen, living room, dining area, a bathroom, and a bedroom. The upstairs of the home includes three bedrooms, and a bathroom. The basement is where the licensee resides, and there is a patio door for egress.

The 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. The facility is equipped with battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the (basement) near the furnace. Fire extinguishers are installed on each floor of the home. A furnace inspection was conducted by Scott Gardner & Sons on 02/17/2020, and the furnace was found to be in working order.

The home is wheel-chair accessible. Residents with impaired mobility are required to be located in the bedroom located at the street level 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
1 (West side, 1 st floor)	14'5' in x 18' 11"	259.5 sq. ft.	3
2 (East side, 2 nd floor)	17'7" x 9'	158.3 sq. ft.	1
3 (West side, 2 nd floor)	12' x 17'11"	215 sq. ft.	2

The living, dining, and sitting room areas measure a total of **333.5** 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** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six ambulatory residents, 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. Applicant and Responsible Person Qualifications

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 six 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.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), 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

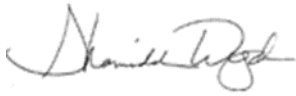
to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 adult foster care family group home (capacity 6).



05/27/2020

Shamidah Wyden
Licensing Consultant

Date

Approved By:



05/27/2020

Mary E Holton
Area Manager

Date