



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 18, 2020

Krysta Starr
Brightway House LLC
5417 Irish Road
Grand Blanc, MI 48439

RE: Application #: AM250401616
Brightway House LLC
1202 Church Street
Flint, MI 48503

Dear Mrs. Starr:

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 (810) 787-7031.

Sincerely,

Crecendra Brown
Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250401616
Licensee Name:	Brightway House LLC
Licensee Address:	5417 Irish Road Grand Blanc, MI 48439
Licensee Telephone #:	(810) 577-2893
Administrator/Licensee Designee:	Krysta Starr
Name of Facility:	Brightway House LLC
Facility Address:	1202 Church Street Flint, MI 48503
Facility Telephone #:	(810) 238-1430
Application Date:	09/13/2019
Capacity:	11
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/13/2019	On-Line Enrollment
09/13/2019	On-Line Application Incomplete Letter Sent new fingerprints for Krysta
09/24/2019	Inspection Completed-Fire Safety: A
09/25/2019	Contact - Document Received 1326
09/25/2019	Inspection Report Requested - Fire
09/25/2019	Contact - Document Sent Fire safety string
10/02/2019	Contact - Document Received ri030, 1326,
10/02/2019	File Transferred to Field Office Flint
11/04/2019	Application Incomplete Letter Sent
01/23/2020	SC-Application Received - Original
01/23/2020	SC-ORR Response Requested
01/23/2020	SC-ORR Response Received-Approval
02/21/2020	SC-Recommend MI and DD
09/17/2020	Inspection Completed-Fire Safety: A
11/05/2020	Application Complete/On-site Needed
11/05/2020	Inspection Completed On-site
11/05/2020	Inspection Completed – Environmental Health: A
11/05/2020	Exit Conference
11/13/2020	Inspection Completed-BCAL Full Compliance
11/13/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Brightway House LLC is located at 1202 Church Street, Flint, MI 48502 in Genesee County. The facility is located in the south-central area of the city of Flint, within walking distance to public transportation, local government offices, recreational/cultural venues, and restaurants. The physical plant is a vinyl sided two-story structure with a basement. The front exterior porch is enclosed and there is an open side exterior porch. The facility is not wheelchair accessible.

The first level consists of a living room, dining room, front sitting room, kitchen, staff office, full bathroom with a shower area, double occupancy resident bedroom, and an enclosed porch. There is a full bathroom adjoining the staff office. The second level consists of four double occupancy resident bedrooms, one single occupancy resident bedroom, and a full bathroom with a shower area. The heating plant and the laundry facilities are in the basement. There is a driveway with adequate parking for staff and visitors.

The furnace, hot water heater, and sprinkler tanks are located in the basement in an 1-hour protected enclosure with a 1½ inch solid core door equipped with an automatic self-closing device. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

The facility has a public water and public sewer system. The facility is also connected to the municipal water supply. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Total Square Footage	Total Resident Beds
Bedroom 1	142 sq. ft.	2
Bedroom 2	136 sq. ft.	2
Bedroom 3	155 sq. ft.	2
Bedroom 4	133 sq. ft.	2
Bedroom 5	136 sq. ft.	2
Bedroom 6	116 sq. ft.	1

Total capacity: 11

The living, dining, and sitting room areas measure a total of 400 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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. 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 bedrooms have the proper means of egress as required by R 400.15508. The interior of the facility 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 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406, and R 400.15407.

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

The applicant, Brightway House LLC, 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 eleven (11) male ambulatory adults, 18 years of age and older, whose diagnosis is developmentally disabled and mentally impaired 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 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.

Brightway House LLC will ensure that the resident's transportation and medical needs are met. Brightway House LLC 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 September 13, 2019, Brightway House LLC submitted an application to provide foster care services to eleven adults at 1202 Church Street, Flint, Michigan.

The applicant, Brightway House LLC, which is a "Michigan Domestic Limited Liability Company", was established in Michigan, on 09/04/2019. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The applicant has a board of directors that oversee the company.

Brightway House LLC submitted a written statement naming Krysta Starr as the licensee designee and the facility administrator. Krysta Starr submitted a licensing record clearance request that was completed with no LEIN convictions recorded. Mrs. Starr also submitted a medical clearance request with a statement from a physician documenting her good health and current TB-test negative results. Krysta Starr has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Starr is a Registered Nurse, she has been an experienced adult foster care provider for over 10 years, she provided documentation on her completion of CPR training, First Aid training, Nutrition training, Medication Administration training, Recipient Rights training, Fire Safety training, Prevention and Containment of Communicable Diseases training.

The staffing pattern for the original license of this 11-bed facility is adequate and includes a minimum of 2 staff to 11 residents per shift. All staff shall be awake during sleeping hours.

Krysta Starr 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 2 to 11 resident ratios.

Krysta Starr 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 employee record to demonstrate compliance.

Krysta Starr 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.

Krysta Starr 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, Mrs. Starr 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.

Krysta Starr acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mrs. Starr indicated that it is her intent to achieve and maintain compliance with these requirements.

Krysta Starr 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. Krysta Starr 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.

Krysta Starr acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Krysta Starr 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, Krysta Starr acknowledges her 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.

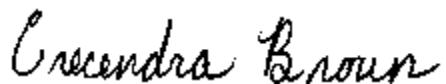
Krysta Starr acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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 medium group home (capacity 7-11).

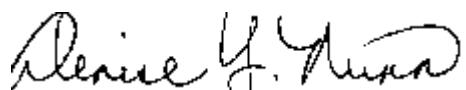


November 17, 2020

Crecendra Brown
Licensing Consultant

Date

Approved By:



November 18, 2020

Denise Y. Nunn
Area Manager

Date