



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 18, 2020

Daniel Burnett  
Porter Place AFC, LLC  
6191 Porter Rd  
Grand Blanc, MI 48439

RE: Application #: AS250397054  
Porter Place AFC  
6191 Porter Rd  
Grand Blanc, MI 48439

Dear Mr. Burnett:

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 cursive script that reads "Susan Hutchinson".

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>	AS250397054
<b>Licensee Name:</b>	Porter Place AFC, LLC
<b>Licensee Address:</b>	6191 Porter Rd Grand Blanc, MI 48439
<b>Licensee Telephone #:</b>	(810) 603-1393
<b>Administrator/Licensee Designee:</b>	Daniel Burnett Tonya Burnett
<b>Name of Facility:</b>	Porter Place AFC
<b>Facility Address:</b>	6191 Porter Rd Grand Blanc, MI 48439
<b>Facility Telephone #:</b>	(810) 603-1393
<b>Application Date:</b>	10/31/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

10/31/2018	On-Line Enrollment
11/01/2018	Contact - Document Sent Rule and act books
03/18/2019	Contact - Document Received AFC100 for Darrell & Kayliegh and 1326 for Daniel
04/02/2019	Application Incomplete Letter Sent
07/16/2019	SC-Application Received - Original
09/09/2019	Application Incomplete Letter Sent I emailed (porterplace6191@yahoo.com) Tanya Burnett another copy of the incomplete application letter that I mailed on 4/2/19
10/19/2019	Contact - Document Received
11/18/2019	Application Incomplete Letter Sent Via email
02/04/2020	Inspection Completed On-site
02/04/2020	Inspection Completed-BCAL Sub. Compliance
02/10/2020	Corrective Action Plan Received
02/10/2020	Corrective Action Plan Approved
10/08/2020	Inspection Completed On-site
10/09/2020	SC-ORR Response Received-Approval
10/29/2020	Inspection Completed On-site
10/29/2020	Inspection Completed-BCAL Full Compliance
10/29/2020	SC-Inspection Completed On-Site
10/29/2020	SC-Inspection Full Compliance
11/02/2020	SC-Recommend MI and DD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Porter Place Adult Foster Care home is located at 6191 Porter Road in the city of Grand Blanc, Michigan. The facility is currently licensed as a Family Home under license number AF250386130. The current licensees will no longer be living full-time on the property, so they are applying for a group home license. The property is owned by the licensees, Daniel and Tonya Burnett.

The facility is a partial two-story home located in an urban residential area. The licensees' private living quarters are above the garage in the north end of the facility which contains two bedrooms, two bathrooms, a kitchen, living room, dining room and private entrance. The licensees plan to continue living in this home on a part-time basis.

Between the licensee's living quarters and the resident's living quarters, there is an area that contains a staff living room and bedroom. The bedroom is currently occupied by Tonya Burnett's father who is not in need of Adult Foster Care services. The south end of the facility contains the resident's living quarters and is located on the main floor of the facility. The resident's living quarters contain five bedrooms and three full bathrooms which include shower safety bars and are wheelchair accessible. In addition, the south bathroom has a Hoyer lift on a pulley in the ceiling to assist residents in and out of the tub/shower if necessary and ordered by a licensed physician. There is a fully equipped kitchen, living room, and dining room with available seating for all residents. In addition, there is an office/pantry with a locked medication cabinet. This facility is wheelchair accessible and includes two independent means of egress both equipped with wheelchair ramps.

The hot water heater is located in a room off the hallway, across from the Northeast bedroom. It is equipped with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace is located in the Northeast bedroom and has a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The applicant had the furnace and hot water heater inspected and approved by Blessing Plumbing & Heating Co. on December 7, 2019. 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 of the home.

Each resident bedroom is equipped with a doorbell-type device that residents can use to alert staff of any problems or needs. There is also an intercom and non-recording camera in the common areas of the facility as well as the kitchen to allow residents to alert staff to any problems or issues. The licensees acknowledge that they are to notify residents and their guardians about the intercom and cameras and obtain their written consent.

Resident bedrooms were measured and have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
East #1	13'0" x 15'5"	200	1
Northeast	15'4" x 11'11"	183	2
Southeast	10'7" x 10'6"	111	1
East #2	10'6" x 10'6"	110	1
East #3	10'6" x 10'4"	109	1

The living, dining, and sitting room areas measure a total of 615 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** 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 or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped, and/or aged 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 Genesee 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 licensees will provide all transportation for medical needs and make transportation available for other 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 is Porter Place AFC, L.L.C., which is a "Domestic Limited Liability Company", and was established in Michigan, on May 16, 2018. 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 Board of Directors of Porter Place AFC, L.L.C. has submitted documentation appointing Daniel and Tonya Burnett as Licensee Designees for this facility and Daniel and Tonya Burnett as the Administrators of the facility.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and 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 6-bed facility is adequate and includes a minimum of 1-staff to 6-residents per shift. Staff need not be awake during sleeping hours but are available depending on resident need.

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)), by 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 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 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 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 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 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 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 their 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 the issuance of a regular adult foster care group home license with a capacity of 6.
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November 18, 2020

Susan Hutchinson Licensing Consultant	Date
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Approved By:



November 18, 2020

Jerry Hendrick Area Manager	Date
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