



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 7, 2021

Lisa Hanson  
AIM TO PLEASE HOME CARE INC  
2077 Mill Road  
Flint, MI 48532

RE: Application #: AS250404207  
Mill Road Home  
2077 Mill Road  
Flint, MI 48532

Dear Ms. Hanson:

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 "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 931-1092

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250404207
<b>Licensee Name:</b>	AIM TO PLEASE HOME CARE INC
<b>Licensee Address:</b>	2077 Mill Road Flint, MI 48532
<b>Licensee Telephone #:</b>	(810) 339-6841
<b>Licensee Designee:</b>	Lisa Hanson
<b>Administrator:</b>	Lisa Hanson
<b>Name of Facility:</b>	Mill Road Home
<b>Facility Address:</b>	2077 Mill Road Flint, MI 48532
<b>Facility Telephone #:</b>	(810) 339-6841
<b>Application Date:</b>	04/03/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

04/03/2020	On-Line Enrollment
05/21/2020	Contact - Document Received 1326, ri030
12/09/2020	Application Incomplete Letter Sent
03/30/2021	Application Complete/On-site Needed
03/31/2021	Inspection Completed On-site
03/31/2021	Inspection Completed-BCAL Full Compliance
04/05/2021	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a two-story home located in the City of Flint, Michigan. This facility is within walking distance or use of public transportation to numerous community resources and businesses. This facility contains adequate laundry facilities on the first floor of the facility. The main level of the home consists of a living room, dining area, kitchen, small office, small medication closet, laundry room, one full bathroom and one resident bedroom. The second story of this facility contains three additional resident bedrooms and a full bathroom.

The facility has a basement that houses the boiler and hot water heater as well as storage area. The boiler and hot water heater were both inspected on 11/15/2020 and are in good working order. Residents will not have access to the basement. The basement is separated from residents by a fully stopped, solid metal door that is equipped with an automatic self-closing device and positive-latching hardware.

There is one fire extinguisher located on each level of the facility. The smoke detectors are all hardwired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas. This facility is connected to public water supply and public sewage disposal. This facility is owned by AIM TO PLEASE HOME CARE INC.

The resident bedrooms and all living areas measured as follows:

<b>Living Room</b>	255 Sq. Ft.	
<b>Dining Room</b>	240 Sq. Ft.	
<b>Bedroom #1</b>	225 Sq. Ft.	Two resident beds.
<b>Bedroom #2</b>	221 Sq. Ft.	One resident bed.
<b>Bedroom #3</b>	204 Sq. Ft.	One resident bed.
<b>Bedroom #4</b>	256 Sq. Ft.	Two resident beds.

**B. Program Description**

The facility has the capacity to provide 24-hour supervision, protection, and personal care for up to six male and/or female residents, age eighteen and over, with a diagnosis of mental illness, developmental disabilities, physically handicapped or aged. The program plan will define the areas of basic self-care, social education, personal adjustment, day programs, and behavior management programs that are necessary to meet the resident’s immediate needs, so that they can become independent and self-sufficient as possible. This facility is equipped with alarms that have been placed on all exits to alert staff members when someone exits/enters the facility.

**C. Applicant and Administrator Qualifications**

The applicant is Aim to Please Home Care LLC and has designated Lisa Hanson to act as the licensee designee and administrator. Ms. Hanson has 20 years of experience working in adult foster care facilities and possesses all of the qualifications necessary to act as the licensee designee. 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) resident 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 2-3 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**

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 small group home (capacity 1-6).



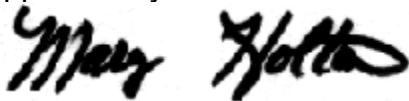
4/5/21

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



4/7/21

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Mary E Holton  
Area Manager

Date