



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 27, 2021

Kori Yeager
2471 W. Maple Rd
Flint, MI 48507

RE: Application #: AF250407205
Hendricks House
2471 W. Maple Rd
Flint, MI 48507

Dear Ms. Yeager:

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 5 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,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250407205
Licensee Name:	Kori Yeager
Licensee Address:	2471 W. Maple Rd Flint, MI 48507
Licensee Telephone #:	(810) 893-8649
Administrator/Licensee Designee:	N/A
Name of Facility:	Hendricks House
Facility Address:	2471 W. Maple Rd Flint, MI 48507
Facility Telephone #:	(810) 893-8649
Application Date:	02/05/2021
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

02/05/2021	On-Line Enrollment
02/18/2021	Contact - Document Received 1326, afc100, RI030
03/03/2021	Application Incomplete Letter Sent
04/13/2021	Contact - Document Received Received required paperwork from applicant
04/13/2021	Application Complete/On-site Needed
05/18/2021	Inspection Completed On-site
05/18/2021	Inspection Completed-Env. Health: A
05/18/2021	Inspection Completed-BCAL Full Compliance
05/26/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hendricks House is located on Maple Rd. in Mundy Township, MI. It is a two-story home that sits on a 2-acre lot. The home has a large driveway and ample parking space for visitors. The home has a large wooden deck attached to both the rear and side entrance/exit of the home, with an attached wheelchair ramp. There is a 2-car detached garage and a large pole barn also located on the property. Applicant, Keri Kendrick, is currently leasing the home. The current owner of the home is aware that the home is going to be utilized as an AFC home and has provided her approval for the licensing department to inspect the property.

The main level of the home consists of a living room, dining area, kitchen, one full bathroom, one ½ bath, a laundry/utility room, and four (4) resident bedrooms. There are three exit/entrances from the main level that lead directly the outside.

The second level of the home consists of two bedrooms, one full bathroom and a living area. This level is the living space for the applicant/licensee and her family. Residents do not have access to the second level of the home.

The home's hot water heater and boiler are located in the utility room on the main level of the home. The utility room is equipped with a solid wood core fire door that is equipped with an automatic self-closing device, which provides adequate safety and separation from the residents. The furnace was last inspected by a certified HVAC

technician on 2/23/2021 and found in both good and safe operating order. The smoke detectors in the home are battery operated and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas provide ample space for up to five residents and measured as follows:

Living Room	256 square feet	
Dining area	82 square feet	
Bedroom # 1	109 square feet	1 resident
Bedroom # 2	80 square feet	1 resident
Bedroom # 3	88 square feet	1 resident
Bedroom # 4	159 square feet	2 residents
The 2 nd floor bedrooms, bath and living space are for the licensee only.		

The facility has a public water supply and public sewage disposal system. On 5/18/2021, this facility was inspected for environmental safety and it was determined to be in full compliance with all applicable licensing rules pertaining to environmental health.

B. Program Description

The facility will provide 24-hour supervision, protection, and personal care for up to five (5) male and/or female residents who are over the age of 55 and who may or may not be physically handicapped. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living. This home is wheelchair accessible.

C. Applicant and Administrator Qualifications

Kori Yeager is the applicant/licensee of the home. A criminal history background check was completed for the applicant and their responsible person. They have been determined to be of good moral character. The applicant and responsible persons submitted statements from a physician documenting their good health and current TB-tine negative results.

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 applicant acknowledges understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five (5) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible persons on call to provide supervision in relief. The applicant has indicated that for the original license of this 5-bed family home, there is adequate supervision with 1 responsible person on-site for five (5) residents. The applicant acknowledges that the number of responsible persons 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 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 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.

Kori Yeager has 15-years of experience as a direct care worker/CNA providing care to the aged population. Ms. Yeager reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-5).



5/26/2021

Christopher Holvey
Licensing Consultant

Date

Approved By:



5/27/2021

Mary E Holton
Area Manager

Date