



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 24, 2021

LaTonia Metcalf and Latoyia White
5400 Bermuda Lane
Flint, MI 48505

RE: Application #: AS250402472
Bermudawood
5400 Bermuda Lane
Flint, MI 48505

Dear LaTonia Metcalf and Latoyia White:

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 (906) 226-4171.

Sincerely,

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

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250402472

Applicant Name: LaTonia Metcalf and Latoyia White

Applicant Address: 5400 Bermuda Lane
Flint, MI 48505

Applicant Telephone #: (810) 787-3262

Administrator: Latoyia White

Name of Facility: Bermudawood

Facility Address: 5400 Bermuda Ln
Flint, MI 48505

Facility Telephone #: (810) 787-3262

Application Date: 11/21/2019

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

11/21/2019	Enrollment
11/22/2019	Contact - Document Received 1326 for latonia
11/22/2019	Application Incomplete Letter Sent AFC 100, 1326 signed, ri030, sign app
11/22/2019	Contact - Document Sent forms
07/01/2020	Contact - Document Received app, 1326,afc 100, ri030 for both

08/14/2020	Application Incomplete Letter Sent
02/22/2021	Application Complete/On-site Needed
02/22/2021	Inspection Completed-BCAL Sub. Compliance
02/25/2021	Application Incomplete Letter Sent
10/04/2021	Inspection Completed On-site
10/15/2021	Contact - Document Received Received required documents from applicants
11/15/2021	Contact – Document Received Received required documents from applicants
11/15/2021	Inspection Completed-BCAL Full Compliance
11/18/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bermudawood is a single-story home that is located on Flint (Mt. Morris Twp), MI. There is a two and a half car garage attached to the home, which has room for storage. The home has a cement driveway for parking space for staff and visitors. This property is currently owned by the applicant, LaTonia Metcalf.

The main level of the home consists of a living room, family room, kitchen, dining area, staff office, laundry/furnace room, two full baths, and four resident bedrooms. The facility has a total of 3 exits. The exits located at the front and side of the home have steps upon entry/exit. The exit located through the garage has an attached wheelchair ramp. With only one wheelchair ramp, this home is not currently wheelchair accessible per AFC licensing rules.

This home has a full basement, which contains a living room/dining area, small kitchen, one full bath, one bedroom, and furnace/laundry room. Residents of this home will not have access to the basement level.

This home has two (2) furnace/ laundry rooms. One is located in the basement and the other on the main level of the home. Both are separated from residents by a fully stopped, fire rated door that is equipped with an automatic self-closing device and

positive-latching hardware. The furnaces were last inspected by a certified HVAC technician on November 12, 2021. There is at least one fire extinguisher located on each level of the home. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Bedroom #1	10' x 9' 3" = 93 square feet	1 resident
Bedroom #2	10' 9" x 9' 1" = 98 square feet	1 resident
Bedroom #3	11' 2" x 10' = 112 square feet	1 resident
Bedroom #4	12' 8" x 11' = 139 square feet	2 residents

The living, dining, and family room areas measure a total of 813 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The facility has a public water supply and public sewage disposal system. 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 has the capacity to provide 24-hour supervision, protection, and personal care for up to five (5) male and/or female residents age 18 to 99, who are mentally ill, aged, and/or developmentally disabled. The program plan is to provide the highest quality services and clinical support in the least restrictive family atmosphere possible. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate, and honest staff. The home is committed to assisting adults with mental illness and/or developmental disabilities achieve their highest level of independence and self-worth by providing the appropriate supports. The home is currently not wheelchair accessible.

C. Applicant and Administrator Qualifications

LaTonia Metcalf and Latoyia White are co-applicants and licensees of this home. Ms. White has been assigned as the administrator of the home. A criminal history background check was completed for both Ms. Metcalf and Ms. White and they have been determined to be of good moral character. They submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicants have submitted a financial statement and/or credit history and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care home.

The supervision of residents in this small group home licensed for five (5) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicants have indicated that for the original license of this 5-bed small group home, there is adequate supervision with 1 direct care staff on-site for five (5) residents. The applicants 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 applicants acknowledge an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicants acknowledge 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 applicants acknowledge 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 applicants have 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 applicants have 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 applicants acknowledge 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Ms. Metcalf and Ms. White have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Metcalf and Ms. White reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the licensing act and applicable administrative rules related to the physical plant 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 small group home (capacity 1-5).



11/24/2021

Christopher Holvey
Licensing Consultant

Date

Approved By:



11/24/2021

Mary E Holton
Area Manager

Date