



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2022

Jane-Frances Umeokolo
1219 N Dye Road
Flint, MI 48532

RE: Application #: AF250411784
Victoria's House
1219 N Dye Road
Flint, MI 48532

Dear Ms. Umeokolo:

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. If 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 "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF250411784
Licensee Name:	Jane-Frances Umeokolo
Licensee Address:	1219 N Dye Road Flint, MI 48532
Licensee Telephone #:	(313) 414-5161
Administrator:	N/A
Name of Facility:	Victoria's House
Facility Address:	1219 N Dye Road Flint, MI 48532
Facility Telephone #:	(313) 414-6151
Application Date:	02/18/2022
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

02/18/2022	On-Line Enrollment
03/09/2022	Contact - Document Received 1326/RI 030 for applicant and AFC 100 for Responsible Person
03/21/2022	File Transferred to Field Office Flint via SharePoint
03/21/2022	Application Incomplete Letter Sent
04/05/2022	Contact - Document Received Application documents received
04/05/2022	Contact - Document Received Confirmation of fingerprinting
04/07/2022	Contact - Document Received Application documents received.
04/07/2022	Application Complete/On-site Needed
04/12/2022	Inspection Completed On-site
04/12/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Victoria's House is a ranch style home in a well-established neighborhood located at 1219 N. Dye Road, Flint, MI 48532. The home is owned by Jane-Frances Umeokolo, the applicant/licensee, who purchased the property from the previous licensee.

The home is a story and a half. The main floor of the home consists of a living room, dining room, kitchen, one and a half bathrooms, and four resident bedrooms. The home is wheelchair accessible and has at least one approved means of egress that is equipped with a ramp from the first floor in front of the home. The ramp was inspected and complies with the requirements of R 400.14319. An additional bedroom is located upstairs, which will be used by the licensee. The home has an attached condo, which is the living area for the licensee. This space includes a living room, kitchen, bathroom, and bedroom (sleeping area) for the licensee.

The home utilizes public water supply and public sewage disposal system.

The home has a natural gas water heater and furnace located in the basement and were inspected as fully operational on 03/23/2022. The basement is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. Fire extinguishers are located on each floor of the home.

The facility is equipped with battery-powered, single-station smoke detectors installed near sleeping areas, on each occupied floor of the home, in the basement, and near all flame/heat producing equipment. The home is in compliance with R 400.1437 regarding smoke detection equipment, R 400.1438 regarding emergency preparedness, R 400.1440 regarding heat producing equipment, and R 400.1441 regarding electrical service.

The home has operated as a licensing Adult Foster Care Family Home since 2013. At the time of the inspection, all living areas of the home conformed to the requirements of rules R 400.1435 and R 400.1436 relating to interior finish.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	21'6" x 15'	361.17 sq ft	2
2	18'3" x 9'6'	175.69 sq ft	1
3	12'3" x 12'	148.00 sq ft	1
4	18'6" x 14'2"	264.44 sq ft	2

The indoor living and dining areas measure a total of 524 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Jane-Frances Umeokolo intends to provide 24-hour supervision, protection, and personal care to six (6) male or female residents who are Aged and/or who have Alzheimer's Disease. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills, and the opportunity for involvement in educational programs. The applicant intends to accept referrals from residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, and churches. These resources provide an environment to enhance the quality of life and increase the independence of residents, if applicable to the resident.

C. Applicant and Responsible Person Qualifications

The applicant is Jane-Frances Umeokolo, and the Responsible Person is April Ervin. Criminal history background checks of the applicant and responsible person were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 acknowledged the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 six-month temporary license to this adult foster care family home with a maximum capacity of six (6) residents.



04/26/2022

Derrick Britton
Licensing Consultant

Date

Approved By:



04/27/2022

Mary E Holton
Area Manager

Date