



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 10, 2022

Michelle Barlow
4631 North Gregory St
SAGINAW, MI 48601

RE: Application #: AF730406049
Gregory Place AFC
4631 North Gregory St
Saginaw, MI 48601

Dear Ms. Barlow:

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 4 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 "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF730406049
Licensee Name:	Michelle Barlow
Licensee Address:	4631 North Gregory St SAGINAW, MI 48601
Licensee Telephone #:	(989) 280-9104
Administrator/Licensee Designee:	N/A
Name of Facility:	Gregory Place AFC
Facility Address:	4631 North Gregory St Saginaw, MI 48601
Facility Telephone #:	(989) 280-9104
Application Date:	10/05/2020
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

10/05/2020	On-Line Enrollment
10/06/2020	PSOR on Address Completed
10/07/2020	On-Line Application Incomplete Letter Sent 1326, RI030 for Michelle, AFC100 for Malina
10/07/2020	Contact - Document Sent 1326, RI030, AFC100
11/19/2020	Application Incomplete Letter Sent
01/08/2021	Contact - Telephone call made Spoke to Ms. Barlow who is still interested in licensure. She will work on completing documents needed and forward to my attention next week.
02/01/2021	Contact - Document Received Documents received
04/09/2021	Contact - Telephone call made Spoke to Licensee, Ms. Barlow. She will get me credit report, verification of education, resume by next week
04/13/2021	Contact - Document Received Received credit report, verification of education, house rules
05/13/2021	Application Complete/On-site Needed
05/13/2021	Inspection Completed-BCAL Sub. Compliance
05/21/2021	Application Incomplete Letter Sent
08/17/2021	Inspection Completed On-site
02/08/2022	Inspection Completed On-site Took measurements
02/08/2022	Inspection Completed-BCAL Full Compliance
06/10/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Gregory Place AFC is a one-story facility with a basement and attached car garage. The home consists of a kitchen, living room, dining room, 3 bedrooms on the main floor, and one full bathroom on the main floor. The property is owned by Licensee, Michelle Barlow and located in the City of Saginaw. The home has city water and sewer.

The furnace and hot water heater are located in the basement of the home and are separated from the remainder of the home by means of floor separation. A furnace and hot water heater inspection was completed and approved on July 22, 2021. The facility is equipped with battery powered, single station smoke detectors which have been installed near sleeping areas, in the living room, kitchen, and in the basement. Fire extinguishers are installed on each floor of the home.

The Licensee, Michelle Barlow is the only occupant at the home, and she will occupy one (1) bedroom, bedroom #3. There are two (2) resident bedrooms.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	11'1" x 11'10"	131 sq. ft	2
Bedroom 2	12'3" x 11'3"	138 sq. ft	2

The living and dining room areas measure a total of 421 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This facility is not wheelchair accessible.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to four (4) ambulatory female residents, ages 40 years to 75 years, whose diagnosis is developmentally disabled, aged, or physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the

responsible person.

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

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed and reviewed for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant(s) have 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 has submitted a budget, verification of liquid assets to operate the facility, and a credit report.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (4) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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 Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), 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. 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 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 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 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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

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 family home (capacity 1-4).

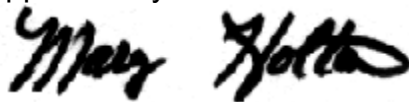


6/10/2022

Christina Garza
Licensing Consultant

Date

Approved By:



6/10/2022

Mary E Holton
Area Manager

Date