



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 1, 2022

Shanelle Johnson  
Nellie's Enterprise LLC  
2826 Davenport  
Saginaw, MI 48602

RE: Application #: AS730409669  
Loving Touch  
2411 Lowell St  
Saginaw, MI 48601

Dear Mrs. Johnson:

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 (517) 284-9700.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is stylized with a large, looping "H" and a long, sweeping underline.

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AS730409669  |
| <b>Licensee Name:</b>                   | Nellie's Enterprise LLC  |
| <b>Licensee Address:</b>                | 2826 Davenport<br>Saginaw, MI 48602  |
| <b>Licensee Telephone #:</b>            | (989) 598-0781   |
| <b>Administrator/Licensee Designee:</b> | Shanelle Johnson   |
| <b>Name of Facility:</b>                | Loving Touch   |
| <b>Facility Address:</b>                | 2411 Lowell St<br>Saginaw, MI 48601  |
| <b>Facility Telephone #:</b>            | (989) 598-0781   |
| <b>Application Date:</b>                | 07/28/2021   |
| <b>Capacity:</b>                        | 5  |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>ALZHEIMERS |

## II. METHODOLOGY

|            |  |
|------------|--|
| 07/28/2021 | On-Line Enrollment   |
| 07/29/2021 | Contact - Document Sent<br>1326, RI030, AFC100                           |
| 08/11/2021 | Contact - Document Received<br>1326, AFC100 & RI030 for Shanelle, Tax ID |
| 08/13/2021 | Application Incomplete Letter Sent                                       |
| 10/08/2021 | Inspection Completed On-site   |
| 10/08/2021 | Inspection Completed-BCAL Sub. Compliance                                |
| 03/03/2022 | Inspection Completed On-site   |
| 05/26/2022 | Inspection Completed On-site   |
| 05/26/2022 | Inspection Completed-BCAL Full Compliance                                |
| 08/01/2022 | Recommend License Issuance   |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The property known as Loving Touch is located at 2411 Lowell St., Saginaw, Michigan 48601. The property is owned by Ms. Shakevia Johnson and has giving Ms. Shanelle Johnson permission to operate Loving Touch at this home. This two-story home is situated on a large lot in the City of Saginaw. There is ample parking available for this facility.

Loving Touch is a barrier free home with easy access to various shopping areas and parks and recreation. The exterior of the home is well-kept with plenty of land where residents can watch the outdoor scenery. The facility is built on a basement and has a large dining room, kitchen, living room, office, laundry room, and five (5) spacious, private bedrooms. There are two (2) full bathrooms throughout the facility, with one being on the main floor and one upstairs. The facility is heated with thermostatic controls in the common area. The facility has a public sewage system. The capacity of this facility will enable five (5) male and/or female residents to utilize. There is ample space in the facility bedrooms for non-affected spouses to reside with prior Department approval. This home does not have wheelchair accessibility and is not licensed for non-ambulatory residents.

The facility is equipped with a natural gas furnace which is located in the basement of the facility. The furnace inspected by a licensed HVAC company on 06/13/2022 and indicated that the furnace was in good working condition. The facility is equipped with battery operated smoke detection devices in the flame and/or heat producing and sleeping areas of the home. Fire extinguishers and emergency evacuation plans are placed throughout the facility.

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

| Bedroom #                  | Room Dimensions | Total Square Footage | Number of beds |
|----------------------------|-----------------|----------------------|----------------|
| #1 (Main Level)            | 10' x 9'        | 90                   | 1              |
| #2 (Main Level)            | 10' x 9'        | 90                   | 1              |
| #3 (2 <sup>nd</sup> Floor) | 12' x 10'       | 120                  | 1              |
| #4 (2 <sup>nd</sup> Floor) | 13' x 12'       | 156                  | 1              |
| #5 (2 <sup>nd</sup> Floor) | 12' x 9'        | 108                  | 1              |

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

On 05/26/2022, I determined that Loving Touch was in compliance with the Maintenance of Premises Rules for Adult Foster Care Small Group Homes.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to five (5) male or female adults, who are of the Aged, Alzheimer's, Mentally Ill, Developmentally Disabled and Physically Handicapped population in the least restrictive environment possible. The facility is not wheelchair accessible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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, and the responsible agency.

The licensees will provide all transportation for program and medical needs, unless other approved and agreeable arrangements are made. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Nellie's Enterprise LLC, which was established in Michigan, on 04/20/2017. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Documents were received naming Shanelle Johnson as the licensee designee and the administrator.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee, and the administrator, Shanelle Johnson. The licensee designee, and administrator, Shanelle Johnson submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designees and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five (5) bed facility is adequate and includes a minimum of one staff- to- six residents per shift. Additional staff will be utilized as needed. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

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](http://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 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 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 volunteer 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 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 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 all of 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 small group home (capacity 1-5).



08/01/2022

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



08/01/2022

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Mary E. Holton  
Area Manager

Date