



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

January 23, 2004

Joseph and Barbara Frazier
Welcome Home, Inc.
1050 W. Colonial Pk. Dr.
Grand Ledge, MI 48837

RE: Application #: AL230256414
Fairview AFC
11656 S. Hartel Rd.
Grand Ledge, MI 48837

Dear Mr. and Mrs. Frazier:

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 15 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 780-7159.

Sincerely,

Mary E Holton, Licensing Consultant
Office of Children and Adult Licensing
Suite 200
209 E Washington
Jackson, MI 49201
(517) 780-7482

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AL230256414

Applicant Name: Welcome Home, Inc.

Applicant Address: 1050 W. Colonial Pk. Dr.
Grand Ledge, MI 48837

Applicant Telephone #: (517) 627-4003

Administrator/Licensee Designee: Barbara Frazier, Administrator
Joseph Frazier, Designee

Name of Facility: Fairview AFC

Facility Address: 11656 S. Hartel Rd.
Grand Ledge, MI 48837

Facility Telephone #: (517) 622-1009
04/11/2003

Application Date:

Capacity: 15

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/11/2003	Enrollment
04/11/2003	Inspection Report Requested - Health
10/08/2003	Inspection Report Requested - Fire
10/28/2003	Contact - Telephone call made Phone message to Mr. and Mrs. Frazier.
12/08/2003	Contact - Telephone call made Phone contact with Barbara Frazier regarding no policies, procedures, job descriptions, floor plan, admitting and refunds for this facility. Ms. Frazier stated she has not completed this information and is not yet ready for an initial onsite inspection.
01/09/2003	Inspection Completed-Evn. Health : A
01/16/2004	Inspection Completed-BFS Sub. Compliance
01/20/2004	Inspection Completed – Office Of Fire Safety Full Approval.
01/21/2004	Inspection Completed – Full Compliance
01/23/2004	Document received- Copy of Office of Fire Safety Report completed on 1/20/04 received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Physical Plant

1. Environmental:

The facility is a two-story home that has been completely remodeled and renovated. The facility is located on the east side of Hartel Highway, on a paved road, on the border of the city of Grand Ledge on 2.35 acres.

The home is sided with white vinyl siding with black shutters, and has all new roofing with new vinyl windows and wood windows. The facility has a paved driveway that is located on the south side of the home and leads behind the home to a parking area.

There is also a garage/storage building located west of the driveway and parking area. Behind the garage/ storage building is a barn.

The dining area measures 462 square feet. The library room measures 112.29 square feet. The Foyer area has 69.44 square feet of living space. The living room measures 175.56 sq. ft. and the sitting room measures 296 sq. ft. The total living space includes a living room, dining room, foyer, sitting room and a library room and measures 1,114.35 square feet. The living space available exceeds the rule requirement of 35 square feet per occupant (15 resident x 24 = 360 sq. ft.). There is also a large screened porch on the north side of the facility and a deck area on the east entrance of the facility.

The facility has 15 bedrooms with an individual sink area, and the required furnishings for each bedroom. There is shared bathroom (toilet and shower area) between each two bedrooms with an individual bathroom in Bedroom #15. Two additional bathrooms, one near the living area, and the other upstairs are also in the facility. There are a total of 9 bathrooms in this facility.

The resident bedrooms measure as follows:

14 of the bedrooms measure: $8' 10 \frac{1}{2}'' \times 15' 6 \frac{1}{2}'' = 138.84$ sq. ft. (1 resident per bedroom =14 residents)

Bedroom #15 measures $9'4 \frac{1}{2}'' \times 18'11'' = 177.28$ sq. ft. (1 resident)

The facility has a separate heat plant enclosure that is located in the basement. There is a self-closing fire door separating the first floor from the basement area. The heat plan consists of 3 forced air furnaces operating on natural gas.

The home has 5 hot water heaters located in the basement of the facility.

Mr. and Mrs. Frazier are the owners of the facility and also the two sole members of the corporation for the facility.

2. Sanitation:

The facility has a private water supply and a public septic system that was approved by the Eaton County Health Department on January 9, 2004.

3. Fire Safety:

The facility utilizes an interconnected smoke alarm and sprinkler system. The Office of Fire Safety gave this facility a full approval on January 20, 2004. A written copy of the Office of Fire Safety report was received on 1/23/04.

B. Program Description

1. Administrative structure and capability:

Mr. Frazier is the Licensee Designee for this facility. Mr. Frazier has operated an adult foster care family home since June 1, 1997 to present. Mr. Frazier has provided verification he has one year of experience working with the aged, Alzheimer's, physically handicapped and adults 45 years and older.

Ms. Frazier is the administrator. Ms. Frazier has operated an adult foster care family home from June 1, 1997 to present. Ms. Frazier has provided verification she has one year of experience with the aged, Alzheimer's, physically handicapped and adults 45 years and older.

2. Program Information:

According to the program statement the facility will admit men and women of the age 45 and over that may be physically handicapped, aged or Alzheimer. Acceptable physical conditions include Alzheimer, dementia, diabetes, and sensory and speech problems. Persons requiring the use of a wheelchair can be accommodated, as can those needing special diets.

3. Facility and Employee Records:

The applicant has submitted job descriptions, personnel policies, procedures and practices for staff to follow. Staff records were reviewed by the consultant and are found to be in compliance.

The Licensing Medical Clearance Request form indicates Mrs. Frazier, administrator, received a physical appraisal on 12/22/03 and a TB test 12/22/03 and found to be negative. The licensing Medical Clearance Request form indicates the licensee designee, Mr. Frazier, received a physical on 12/22/03 and a TB test 12/22/03 and found to be negative. Mr. and Mrs. Frazier have assured that staff working in this facility will be of good health through the obtaining of a TB test and physical prior to employment and by annual statement that they continue to be in good health.

Emergency plans for medical emergencies; fire, facility repairs and severe weather have been reviewed and found to be acceptable.

Resident records will be retained at the facility at all times. Employee records will be maintained at the facility location.

C. Rule/Statutory Violations

Compliance with physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC large group home with a capacity of 15 residents.

Mary E Holton Date
Licensing Consultant

Approved By:

Betsy Montgomery Date
Area Manager