



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 26, 2023

Precious Reed
Divine Needs Assisted Living LLC
3139 Pine Run Drive
Swartz Creek, MI 48473

RE: Application #:	AS250413989 Divine Needs Assisted Living 4064 Sheraton Dr Flint, MI 48532
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Dear Ms. Reed:

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 will be issued on 02/01/2023.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250413989
Licensee Name:	Divine Needs Assisted Living LLC
Licensee Address:	3139 Pine Run Drive Swartz Creek, MI 48473
Licensee Telephone #:	(810) 814-1265
Administrator/Licensee Designee:	Tamika Lang, Administrator Precious Reed, Licensee Designee
Name of Facility:	Divine Needs Assisted Living
Facility Address:	4064 Sheraton Dr Flint, MI 48532
Facility Telephone #:	(810) 814-1265
Application Date:	08/31/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/31/2022	On-Line Enrollment
09/01/2022	PSOR on Address Completed
09/01/2022	Contact - Document Sent forms sent
10/12/2022	Contact - Telephone call received Licensee called re status, documentation was mailed, fingerprints are in system, will wait for call back.
10/17/2022	Contact - Telephone call received Licensee called about status because she's waiting to close on a home.
10/18/2022	Contact - Document Sent sent email to licensee did not receive the documentation.
10/18/2022	Contact - Document Received 1326, FPS, IRS letter AFC 100
10/28/2022	Application Incomplete Letter Sent
11/12/2022	Contact - Document Received
11/16/2022	Application Incomplete Letter Sent Via email. 2nd incomplete app letter sent
11/27/2022	Contact - Document Received Original docs received
12/08/2022	Contact - Document Sent Email sent to licensee designee
12/14/2022	Contact - Document Received Original documentation received to complete file
12/14/2022	Application Complete/On-site Needed
12/20/2022	Inspection Completed On-site
12/20/2022	Inspection Completed-BCAL Sub. Compliance
01/01/2023	Corrective Action Plan Received

01/03/2023	Corrective Action Plan Approved
01/03/2023	Inspection Completed-BCAL Full Compliance File complete
01/26/2023	LSR generated
01/26/2023	Recommend license issuance Effective 2/1/23

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Divine Needs Assisted Living Adult Foster Care facility is located at 4064 Sheraton Drive in the Township of Flint, Flint, Michigan. This facility is currently licensed as a small group adult foster care home under A & M Inc., license number AS250309812. The current licensee, A & M Inc. sold the home to Divine Needs Assisted Living LLC under an 84-month land contract. The purchase agreement was signed by Tamika Lang and Precious Reed on August 24, 2022. Divine Needs Assisted Living LLC was established in the State of Michigan on August 15, 2022, by Tamika Lang. The facility has a municipal sewer and water system provided by the City of Flint.

This is a ranch style home located in a well-established neighborhood on a large parcel of land. The main floor contains four bedrooms, 1.5 bathrooms, a living room, dining area, and kitchen. There is an unfinished basement which is not intended for resident use. There are wheelchair ramps located at the front and rear of the home which meet the requirements of R 400.14509. There are three separate, independent means of egress. One of the means of egress leads to the front of the home, through the garage. Since this exit is not equipped with a wheelchair ramp, it is not considered as one of the required emergency exits. The home has a fireplace, but the licensees signed a document stating that the fireplace will not be used. This document is in the facility file.

The kitchen is equipped with all necessary appliances. The washer and dryer are in the basement, and the dryer has a solid metal vent, which is directly vented to the outside. The resident bedrooms are fully furnished, with adequate storage space. The home has an attached garage. The full bathroom is fully equipped with a walk-in shower and safety bars located within. Both bathrooms have safety bars located near the toilets for physically handicapped individuals. Two of the bedrooms are double-occupancy bedrooms while the other two are private bedrooms. The licensee keeps the medications in a locked cabinet and all cleaning supplies are kept out of residents' reach. All exit doors and occupied doors are equipped with positive-latching, non-locking-against-egress hardware.

The furnace and hot water heater are located in the basement. They were inspected on 11/22/22 by Assurance Heating & Cooling and deemed to be in safe working condition. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each floor of the facility and smoke detectors are located in all required areas as well as other locations throughout the facility.

The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10'10" x 10'6"	114 sq. ft.	1
#2	13'9" x 12'6"	172 sq. ft.	2
#3	10'11" x 9'7"	105 sq. ft.	1
#4	19' x 15'6"	295 sq. ft.	2

The living and dining room areas measure a total of 392 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. Bedrooms #2 and #4 are suitable for two residents and bedrooms #1 and #3 are single-occupancy rooms.

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 **six (6)** male or female ambulatory adults, ages 20-99 whose diagnosis is developmentally disabled, aged, mentally ill, traumatically brain injured, Alzheimer's and/or physically handicapped in the least restrictive environment possible. The licensee designee submitted an Alzheimer's statement which meets the requirements of Public Act 218 Sec 26b.

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. Residents will be referred from local agencies including Community Mental Health, the Department of Health and Human Services, and home health agencies.

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 licensee designee will ensure that the residents' medical needs are met, and emergency transportation is available through 911. 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. Licensee Designee and Administrator Qualifications

The applicant is Divine Needs Assisted Living, LLC which is a Domestic Limited Liability Company established in Michigan on 08/15/2022. The applicant submitted a financial statement and projected annual budget showing expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The applicant, Divine Needs Assisted Living appointed Precious Reed as the licensee designee and Tamika Lang as the administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator has 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6-residents per shift. Staff will remain awake during the nighttime shift.

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 Identigo website (www.identigo.com) by MorphoTrust USA 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 his 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. The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. 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 with a capacity of 6 to be issued on 02/01/2023.

Susan Hutchinson

January 26, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

January 26, 2023

Mary E. Holton Area Manager	Date
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