



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 22, 2023

Barbara Davis
17161 Bell Creek Lane
Livonia, MI 48152

RE: Application #: AF820413183
Davis AFC Home
17161 Bell Creek Lane
Livonia, MI 48152

Dear Ms. Davis:

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 3 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF820413183
Applicant Name:	Barbara Davis
Applicant Address:	17161 Bell Creek Lane Livonia, MI 48152
Applicant Telephone #:	(248) 982-5290
Administrator/Licensee Designee:	N/A
Name of Facility:	Davis AFC Home
Facility Address:	17161 Bell Creek Lane Livonia, MI 48152
Facility Telephone #:	(248) 982-5290 06/02/2022
Application Date:	
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/02/2022	Enrollment
06/08/2022	Contact - Document Received AFC 100 for Jasmin and Tracy and SC app
06/29/2022	Application Incomplete Letter Sent 1326 for Barbara and SOS needs to be updated.
06/29/2022	PSOR on Address Completed
08/04/2022	Contact - Document Received 1326
08/11/2022	File Transferred To Field Office
08/17/2022	Application Incomplete Letter Sent
08/29/2022	Contact - Document Received
09/01/2022	Contact - Document Received
10/19/2022	Inspection Completed On-site
10/19/2022	Inspection Completed-BCAL Sub. Compliance
01/13/2023	Inspection Completed On-site
01/13/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The tan brick single family home is located in a residential area in Livonia, MI. The main floor consists of the living room, family room, dine-in kitchen, two full bathrooms and three bedrooms, one of which will be occupied by the licensee. The home has a full partially finished basement and is not intended for resident use. The home has an attached single car garage and fenced backyard. Both approved means of egress provide free and unobstructed egress to the exterior of the home

The home cannot accommodate wheelchairs.

The heat plant and hot water heater are located in the basement. The basement is separated from the rest of the house with fire rated door that is equipped with a self-closing device.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

The living and family room areas measure a total of 391 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Resident bedrooms

Bedroom	Room Dimensions	Square Footage	Resident Beds
Northwest bedroom	9.92 X 10.42	103	1
Southwest bedroom	12.17 X 11.75	143	2

Based on the above information, it is concluded that this facility can accommodate **three** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to five (**3**) ambulatory, male and female adults whose diagnosis is mentally ill or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident’s individual 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, 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 with no lien convictions recorded for the applicant or responsible person. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by financial documents submitted.

The applicants acknowledged the understanding of the requirement for an adult foster that the licensees 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 three 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 applicants acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

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

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants 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 applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants 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 applicants acknowledge an understanding of the administrative rules regarding the admission criteria, procedural requirements for accepting a resident into the home for adult foster care and medications.

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 applicants 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 the completing those forms and obtaining new signatures for each resident on an annual basis.

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

The applicants acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicants 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 discharge notice.

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

D. Rule 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 temporary license to this AFC adult family home (capacity 1-3).



01/26/2023

Denasha Walker
Licensing Consultant

Date

Approved By:



02/06/2023

Ardra Hunter
Area Manager

Date