



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 23, 2023

Rebecka Goodrow
From The Heart Adult Foster Care, LLC
2880 South 2 Mile Road
Bay City, MI 48706

RE: Application #:	AS090409450 From The Heart - 2 Mile 5861 2 Mile Rd Bay City, MI 48706
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Dear Ms. Goodrow:

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 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) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090409450
Applicant Name:	From The Heart Adult Foster Care, LLC
Applicant Address:	2880 South 2 Mile Road Bay City, MI 48706
Applicant Telephone #:	(989) 316-1487
Administrator/Licensee Designee:	Rebecka Goodrow
Name of Facility:	From The Heart - 2 Mile
Facility Address:	5861 2 Mile Rd Bay City, MI 48706
Facility Telephone #:	(989) 295-4168
Application Date:	07/01/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

07/01/2021	Enrollment
07/12/2021	Application Incomplete Letter Sent RI030 & AFC100 for Rebecka
07/12/2021	Contact - Document Sent RI030, 1326
07/12/2021	Comment 1326 needed not AFC100
07/12/2021	Lic. Unit file referred for background check review ICHAT for Rebecka. Referred to C. Pilarski for review
07/29/2021	Contact - Document Received 1326 & RI030 for Rebecka
08/03/2021	Application Incomplete Letter Sent
03/13/2023	Application Complete/ Onsite Needed
03/13/2023	Inspection Completed On-site
03/21/2023	Inspection Completed- BCAL Full Compliance
03/23/2023	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

From The Heart - 2 Mile is a single story six-bedroom, 2 ½ bathroom home, with wood and brick siding. There is no basement. The home sits on a concrete slab. The garage was converted into living space. The facility does have a driveway for ample parking. There are a total of three sitting rooms/living rooms, a storage closet, an office, laundry room, and three exits. The backyard is partially fenced. The facility is located at 5861 2 Mile Rd. Bay City, MI 48706. The facility was previously licensed as Close to Home, an adult foster care small group home facility from 02/25/2010 to 03/22/2021. The facility is located on the west side of Bay City, situated to the east of the I-75 corridor, and north of M-84. The property was sold to Brandon Goodrow on 05/11/2021 and quit claim deeded to Brandon Goodrow and Rebecka Goodrow from Brandon Goodrow on 05/11/2021.

The boiler is located in a closet on the main floor. The boiler closet is equipped with a self-closing device, has a 1-3/4-inch solid core door and is in a room that is constructed of material that has a 1-hour-fire resistance rating. A boiler inspection was completed by

Gledhill Heating & Cooling on 03/16/2023, and it was determined to be in good working order. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The hot water heater is located in an enclosed laundry room with the washer and dryer. The home has public water and public sewer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-N	13ft 2in X 10ft=	131.7 sq. ft.	1
2-E	11ft11in X 11ft 3in=	134.06 sq. ft.	1
3-SE	12ft 10in X 11 ft 7in-(2ft 6in X 7ft 8in) =	129.53 sq. ft.	1
4-S	12 ft 1 in X 11 ft 7 in =	140 sq. ft.	1
5-S	12 ft 11.5 in X 10ft 6.5 in- (2ft 4.5 in X 6ft 4.5 in) =	121.45 sq. ft.	1
6- SW	10ft 5.5 in X 13ft – (6ft 3.5 in X 2ft 4in)	121.31 sq. ft.	1

The living, dining, and sitting room areas measure a total of 749 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 **six (6)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

The home is wheelchair accessible.

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, aged 40 and older whose diagnosis is developmentally disabled, physically handicapped, aged, traumatically brain injured, and/or Alzheimer’s, in the least restrictive environment possible. 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: word of mouth, Great Lakes Pace, and A & D Waiver.

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 will assist residents with connecting with outside agencies for transportation for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services. The facility will make provision for a variety of leisure and recreational equipment. The residents may attend outside activities, such as church services, senior center activities, luncheons, fairs, bingo, exercise classes, family functions and other activities, at their own discretion or with DPOA approval. Activities in the home, such as card games, board games, tv, music, baking, enjoying the porches, pond and flowers is entirely left to the residents choice. These activities will be offered to all the residents and participation is encouraged. A variety of activities will be offered to allow participation of all the residents regardless of their cognitive function.

C. Applicant and Administrator Qualifications

The applicant is From The Heart Adult Foster Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 09/17/2012. 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.

Rebecka Goodrow has submitted documentation appointing herself as Licensee Designee for this facility and as the Administrator of the facility.

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

The licensee designee 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 6 -bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. 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), 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.

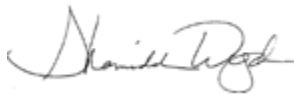
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

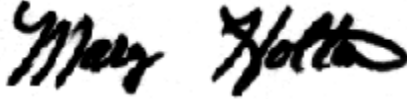


03/23/2023

Shamidah Wyden
Licensing Consultant

Date

Approved By:



03/23/2023

Mary E. Holton
Area Manager

Date