



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 27, 2023

Sara Flewelling & Theodore Elkins  
5355 W. VIENNA RD  
CLIO, MI 48420

RE: Application #: AF250413879  
Fruitful Living  
5355 W. VIENNA RD  
Clio, MI 48420

Dear Sara Flewelling & Theodore Elkins:

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 4 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,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF250413879
<b>Licensee Name:</b>	Sara Flewelling & Theodore Elkins
<b>Licensee Address:</b>	5355 W. VIENNA RD CLIO, MI 48420
<b>Licensee Telephone #:</b>	(810) 444-1304
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Fruitful Living
<b>Facility Address:</b>	5355 W. VIENNA RD Clio, MI 48420
<b>Facility Telephone #:</b>	(810) 368-4660
<b>Application Date:</b>	08/20/2022
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

08/20/2022	On-Line Enrollment
08/24/2022	Application Incomplete Letter Sent emailed w/1326, AFC-100 & RI-030
09/16/2022	Application Incomplete Letter Sent App incomplete letter emailed w/1326, AFC-100, and RI-030
09/16/2022	Contact - Telephone call received Email received indicating that appointment was made to have finger printing done on 9/21
09/22/2022	Comment email received indicating that prints were done
10/05/2022	Comment email received regarding status-let licensee know that I've not received the requested documentation yet
10/10/2022	Comment email received re: prints. Sara was added. Sent an email requesting to have prints added for Theodore.
10/10/2022	Comment documents were mailed last week per Theodore in email
11/09/2022	Inspection Completed – Env. Health: A
11/14/2022	Application Incomplete Letter Sent
01/23/2023	Application Complete/On-site Needed
01/23/2023	Inspection Completed-BCAL Sub. Compliance
01/25/2023	Application Incomplete Letter Sent
06/22/2023	Inspection Completed-BCAL Full Compliance
06/23/2023	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Fruitful Living is located on Vienna Rd. in Clio, MI. It is a tri-level home that sits on a  $\frac{3}{4}$  acre lot. The home has a large driveway and ample parking space for visitors. The home has a small wooden deck attached to both the front and rear entrance/exit of the home. The home has a fully fenced in backyard. Applicants, Sara Flewelling and Theodore Elkins own this home/property.

The main level of the home consists of a living room, dining area, kitchen, and one full bathroom. There are two exit/entrances from the main level that lead directly to the outside. The garage attached to the main level has been converted into two bedrooms and one full bath, which will be used as the living space for the applicants and their family. Residents will not have access to this section of the home.

Down some steps from the main level is the lower level of the home. All rooms height level is more than  $\frac{1}{2}$  above ground level. The lower level of the home consists of a living room area, one resident bedroom, and a laundry/utility room.

The upper level of the home consists of three resident bedrooms and one full bath.

The home's hot water heater and boiler are located in the utility room on the lower level of the home. The utility room is equipped with a solid wood core fire door that is equipped with an automatic self-closing device, which provides adequate safety and separation from the residents. The furnace was last inspected by a certified HVAC technician on 2/2/2023 and found in both good and safe operating order. The smoke detectors in the home are battery operated and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas provide ample space for up to four residents and measured as follows:

Living Rooms	471 square feet	
Dining area	160 square feet	
Bedroom # 1	105 square feet	1 resident
Bedroom # 2	89 square feet	1 resident
Bedroom # 3	100 square feet	1 resident
Bedroom # 4	113 square feet	1 resident

The combination of the living areas and dining room measure 631 square feet. This exceeds the 35 square feet that is required for each resident.

The facility has a public sewage disposal system and utilizes a private well for the water. On 11/9/2022, the Genesee County Health Department inspected this facility for environmental safety and provided them with an "A" rating.

## **B. Program Description**

The facility will provide 24-hour supervision, protection, and personal care for up to four (4) male and/or female residents who are over the age of 18 and who may or may not be aged, mentally ill and/or developmentally disabled. The program will provide a comfortable home environment that promotes independence and socialization. Respect and compassion will be upheld for each individual resident, while continuing to provide assistance with activities of daily living. This home is not wheelchair accessible.

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

Sara Flewelling and Theodore Elkins are the applicants/licensee of the home. A criminal history background check was completed for the applicants and their responsible person. They have been determined to be of good moral character. The applicants and responsible persons submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The applicants acknowledge understanding the requirement for the licensee of an adult foster care family home to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible persons on call to provide supervision in relief. The applicants have indicated that for the original license of this 4-bed family home, there is adequate supervision with 1 responsible person on-site for four (4) residents. The applicants acknowledge that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicants acknowledge an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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)), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants acknowledge 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 applicants acknowledge their responsibility to establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The applicants acknowledge 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file. The applicants acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicants acknowledge their 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, the required forms and signatures to be completed for each resident on an annual basis.

The applicants acknowledge 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 applicants acknowledge 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, when a resident can be discharged before the issuance of a 30-day discharge written notice.

The applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 an accident involving resident, employee, and/or visitor.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 applicant.

Sara Flewelling and Theodore Elkins both have sufficient experience which adequately satisfies the qualifications and training requirements identified in the administrative group home rules. They report that all resident files will be kept on the facility grounds.

#### **D. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. 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 family home (capacity 1-4).



6/27/2023

---

Christopher Holvey  
Licensing Consultant

Date

Approved By:



6/27/2023

---

Mary E. Holton  
Area Manager

Date