



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 1, 2023

Leslie Alston
Water Brooks Living LLC
318 W 9th Ave
Flint, MI 48503

RE: Application #:	AS250412071 Water Brooks Living AFC 318 W 9th Ave Flint, MI 48503
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Dear Leslie Alston:

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,

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 #:	AS250412071
Licensee Name:	Water Brooks Living LLC
Licensee Address:	318 W 9th Ave Flint, MI 48503
Licensee Telephone #:	(469) 315-8296
Administrator/Licensee Designee:	Leslie Alston, Designee
Name of Facility:	Water Brooks Living AFC
Facility Address:	318 W 9th Ave Flint, MI 48503
Facility Telephone #:	(469) 315-8296
Application Date:	03/18/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/18/2022	On-Line Enrollment
04/06/2022	Contact - Document Sent Forms sent
07/13/2022	Contact - Telephone call made emailed Inc App Ltr and 1326 after speaking with Leslie
09/20/2022	Application Incomplete Letter Sent
02/01/2023	Contact - Document Received AFC documents received
02/13/2023	Application Incomplete Letter Sent 2nd application incomplete letter sent via email
03/22/2023	Contact - Document Received Additional documentation received
03/28/2023	PSOR on Address Completed No hits
03/29/2023	Application Incomplete Letter Sent Via email
03/30/2023	Contact - Telephone call received Voicemail from Ms. Alston asking for clarification on some items
04/12/2023	Application Incomplete Letter Sent
05/30/2023	Application Complete/On-site Needed
06/22/2023	Inspection Completed On-site
09/06/2023	Inspection Completed-BCAL Full Compliance
10/20/2023	Contact - Document Received
10/23/2023	Contact - Document Received Remaining documentation received by LD. File now complete
10/26/2023	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Water Brooks Living Adult Foster Care facility is located at 318 West Ninth Avenue in the City of Flint, Michigan. It is currently licensed as a family home under license number AF250385924. The current licensee is Leslie Alston. She plans on moving out of the home and applied for a small group home license for this reason. This home is owned by Tyrone Smith. Tyrone Smith submitted a letter stating that he gives Water Brooks Living the right to occupy and operate this home as an adult foster care facility and he gives permission for AFC Licensing to inspect the home. Leslie Alston provided me with a month-to-month lease agreement between Tyrone Smith and Water Brooks Living which has been in effect since 02/09/17.

This is a 2-story home with a total of five bedrooms and two full bathrooms. There is one double-occupancy bedroom on the first floor of the home as well as a full bathroom with a walk-in shower and safety bars in the shower area and near the toilet. The remaining four bedrooms are on the second floor of the home. The full bathroom on the second floor of the facility is equipped with a walk-in shower and safety bars in the shower area and near the toilet.

The kitchen and dining room are on the first floor, at the back of the home. There is also a small den/TV room off the kitchen for resident use. There are two approved independent means of egress in this home. The rear door leads directly to the backyard while the front door leads to the front of the facility. The licensee has posted clear evacuation routes in the upstairs hallway and on the first floor of the facility. This home is not wheelchair accessible. This facility utilizes public water and sewer through the City of Flint.

The furnace and hot water heater are located off the kitchen, in the basement with a 1-3/4-inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, hardware smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The kitchen and basement are equipped with battery operated smoke detectors which are fully operational. Fire extinguishers are installed on each floor of the home. The furnace was inspected on 04/28/23 by P&H Plumbing & Heating, Inc. and was found to be in good working condition. The hot water heater was inspected on 10/18/23 by Two Mike's Plumbing & Heating, LLC and was found to be in working condition.

The licensee is aware she can only accept care of a maximum of 6 residents. Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 st floor	13'7" x 12'3"	166 sq. feet	2
Southwest	7'10" x 12'3"	100 sq. feet	1

Northwest	12'4" x 12'7"	168 sq. feet	2
South	8'9" x 12'7"	110 sq. feet	1
North	12'2" x 10'8"	112 sq. feet	1

The den measures a total of 99 square feet of living space and has seating for 5. The dining room measures a total of 147 square feet of living space and has seating for 6 residents. Between the two, the minimum of 35 square feet per occupant requirement is met.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. Two of the bedrooms are large enough to accommodate two residents. The licensee would like both bedrooms to be approved for two residents each to allow her flexibility to when considering a double occupancy vs. single occupancy bedroom. The licensee understands that it is her responsibility not to exceed the facility's licensed capacity.

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 whose diagnosis is developmentally disabled, mentally ill, and/or aged 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. The applicant intends to accept residents from Genesee County DHS, Genesee Health System, and/or private pay individuals.

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 provide transportation for program and medical needs on a case-by-case basis that is specifically outlined in the Resident Care Agreement. Emergency transportation services are available via 911 and other transportation is available through local community sources such as MTA, Your Ride, and Rides to Wellness. The facility will make provision 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. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statement submitted to

operate the adult foster care facility. The applicant also has cash in savings and income from current Adult Foster Care payments.

The applicant is Water Brooks Living, LLC which is a “Domestic Limited Liability Company” established in Michigan on 12/16/2016. 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. Leslie Alston is the owner/operator of this LLC, and she has appointed herself as the Licensee Designee and Administrator of this facility.

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

The licensee designee/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 5-bed facility is adequate and includes a minimum of 1-staff-to-6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff need not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) and the related documents required to be maintained in each employee’s 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 her responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges 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 applicant acknowledges her responsibility to obtain the required 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 and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges 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 residents' personal money transactions that have been agreed to be managed by the applicant.

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

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

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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.
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Susan Hutchinson

November 1, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

November 1, 2023

Mary E. Holton Area Manager	Date
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