



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 17, 2024

Andy Venn  
5962 Hemlock Dr  
Holt, MI 48842

RE: Application #: AS330418049  
**Glorify AFC Home**  
**1728 Teel Ave**  
**Lansing, MI 48910**

Dear Mr. Venn:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330418049
<b>Applicant Name:</b>	Andy Venn
<b>Applicant Address:</b>	5962 Hemlock Dr Holt, MI 48842
<b>Applicant Telephone #:</b>	(517) 402-3013
<b>Licensee:</b>	Andy Venn
<b>Administrator:</b>	Andy Venn
<b>Name of Facility:</b>	Glorify AFC Home
<b>Facility Address:</b>	1728 Teel Ave Lansing, MI 48910
<b>Facility Telephone #:</b>	(517) 489-2729
<b>Application Date:</b>	11/15/2023
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

11/15/2023	Enrollment
11/15/2023	Application Incomplete Letter Sent Requested AFC100 for Andy and SOS update for Ibilola
11/15/2023	PSOR on Address Completed
11/15/2023	Contact - Document Sent- forms sent
11/27/2023	Contact - Document Sent- form/letter sent via email per request
12/01/2023	Contact - Document Received- AFC 100
12/01/2023	Contact - Document Sent- sent email to ask for \$50 to change to AS per their request
12/06/2023	Application Incomplete Letter Sent- 1326/RI 030/Fingerprint for Andy Venn
12/12/2023	File Transferred To Field Office
12/26/2023	Application Incomplete Letter Sent
01/04/2024	Application Complete/On-site Needed
01/04/2024	Inspection Completed On-site
01/04/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

The home at 1728 Teel Ave. is a two-story duplex located in the City of Lansing, in Ingham County. The other half of the duplex, located at 1726 Teel Ave., Lansing, MI, will also be utilized as an adult foster care facility. The home is located at the end of a quiet dead-end street in a Lansing neighborhood. The home has a fenced in backyard area for privacy and resident use. The fenced in yard, leads through an unlocked gate to the driveway for ease of evacuation in the event of an emergency. The home has three resident bedrooms all located on the second floor. There is one full bathroom in the home that is also located on the second floor. The bathroom has a bathtub/shower which is not barrier free. The main level has a living room, dining room, and kitchen area. The applicant plans for this home to share meal services with the neighboring facility. There is an unfinished basement where the furnace and water heater are located. The applicant plans to utilize this laundry area in the neighboring facility for the

residents of this home. The home is not barrier free as there are steps to enter the front entry/exit door and the back entry/exit door. The home has two approved means of egress from the main level. The home utilizes the City of Lansing public water and sewer system through Lansing Board of Water & Light.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door is located at top of the stairs equipped with a locking mechanism. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'2 x 9'2	84.03sqft	1
2	10'0 x 9'2	91.67sqft	1
3	9'2 x 15'5	136.06sqft	2
Living Room	15'5 x 9'11	152.89sqft	N/A
Dining Room	10'1 x 12'2	122.68sqft	N/A

The living, dining, and sitting room areas measure a total of 275.57 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 four (4) residents. It is the licensee's 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 **four (4)** male or female ambulatory adults whose diagnosis is developmentally disabled 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 private pay sources, Tri County Office on Aging, and other community resources. 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 for arranging transportation for program and medical needs. 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 credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee/administrator, Andy Venn. Mr. Venn submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

Mr. Venn has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Venn provided an updated resume highlighting over two years of experience working for a licensed AFC organization as a direct care provider in their adult foster care facilities providing for residents with developmental disabilities and the aged population.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum of 1 staff –to- 4 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 will be allowed to sleep during resident sleeping hours based on the current resident assessment plans and documented needs.

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](http://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 has indicated that any medications requiring refrigeration will be stored in a locked manner within a refrigerated unit.

The applicant acknowledges their 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 their responsibility to maintain all required documentation in each employee's record for each licensee or 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 their 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 their 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 resident's 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 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

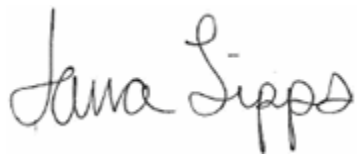
The applicant acknowledges that residents with mobility impairments may not reside in this facility due to all resident bedrooms being located on the second floor of the home.

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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of four residents.



1/8/24

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Jana Lipps  
Licensing Consultant

Date

Approved By:



01/17/2024

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Dawn N. Timm  
Area Manager

Date