



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 26, 2024

Terry Lark
28128 Flanders
Warren, MI 48088

RE: Application #: AF500417765
Grace And Gratitude Adult Care
28128 Flanders
Warren, MI 48088

Dear Terry Lark:

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 1 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500417765
Licensee Name:	Terry Lark
Licensee Address:	28128 Flanders Warren, MI 48088
Licensee Telephone #:	(313) 926-7190
Administrator/Licensee Designee:	N/A
Name of Facility:	Grace And Gratitude Adult Care
Facility Address:	28128 Flanders Warren, MI 48088
Facility Telephone #:	(313) 926-7190
Application Date:	09/07/2023
Capacity:	1
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/07/2023	On-Line Enrollment
09/19/2023	PSOR on Address Completed
09/19/2023	Contact - Document Sent Forms sent
10/11/2023	Contact - Document Received 1326/ri030 & AFC 100
10/13/2023	Application Incomplete Letter Sent
01/17/2024	Application Complete/On-site Needed
01/24/2024	Inspection Completed On-site
01/24/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located in the City of Warren, Michigan. The facility is a single-family, brick ranch style home on a residential lot with an attached two-car garage. The home consists of three bedrooms, living room, family room, eat-in kitchen, an all-seasons room and 1.5 bathrooms. The home is not wheelchair accessible.

The home has a partially finished basement with a laundry room. The basement has a gas water heater and furnace. The furnace and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system and a battery powered, single station smoke detectors have been installed in the basement. There are fire extinguishers on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 11.10	130 sq. ft.	1

Total capacity: 1

The living room, family room, eat-in kitchen and all-seasons room areas measure a total of 1,392 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 **one (1)** resident. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Terry Lark intends to provide 24-hour supervision, protection and personal care to one (1) ambulatory resident, whose diagnosis is traumatic brain injury, aged, developmentally delayed and physically handicapped. The program will include social interaction skills, personal hygiene, and personal adjustment skills. Ms. Lark intends to accept residents from private pay individuals.

In addition to the above program elements, it is the intent of Ms. Lark 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. Licensee and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the Ms. Phillip. Ms. Lark and responsible person Lethaniel Lark III submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Lark has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Ms. Lark acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for one (1) resident will be the responsibility of the family home Ms. Lark, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Ms. Lark has indicated that for the original license of this one bed family home, there is adequate supervision with one responsible person on-site 1-for-1 resident. Ms. Lark acknowledges that the number of responsible persons on-site 1-to-1 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Ms. Lark acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Lark 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.

Ms. Lark acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the Ms. Lark 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.

Ms. Lark acknowledges their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. Ms. Lark acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

Ms. Lark acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

Ms. Lark 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.

Ms. Lark acknowledges 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Lark 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 required to be maintained within each resident’s file.

Ms. Lark acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Lark 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 Ms. Lark.

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

Ms. Lark acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Lark has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Lark acknowledges 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 written discharge notice.

D. Rules or Statutory Violations

Ms. Lark 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 family home capacity 1 (one).

L. Reed

01/24/2024

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

01/26/2024

Denise Y. Nunn
Area Manager

Date