



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 22, 2024

Violet Benford
Transitional Adult Care LLC
31574 Hayes Rd
Fraser, MI 48026

RE: Application #: AS500418353
Transitional Adult Care LLC
31574 Hayes Rd
Fraser, MI 48026

Dear Ms. Benford:

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 5 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 #:	AS500418353
Licensee Name:	Transitional Adult Care LLC
Licensee Address:	31574 Hayes Rd Fraser, MI 48026
Licensee Telephone #:	(313) 574-1430
Administrator/Licensee Designee:	Violet Benford
Name of Facility:	Transitional Adult Care LLC
Facility Address:	31574 Hayes Rd Fraser, MI 48026
Facility Telephone #:	(313) 574-1430
Application Date:	04/01/2024
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/01/2024	On-Line Enrollment
04/02/2024	PSOR on Address Completed
04/02/2024	Contact - Document Sent Forms sent
04/19/2024	Contact - Document Sent Sent app incomplete via email
05/02/2024	Contact - Document Received 1326/RI030
05/16/2024	File Transferred to Field Office
05/20/2024	Application Incomplete Letter Sent
09/25/2024	Inspection Completed On-site
09/25/2024	Inspection Completed-BCAL Sub. Compliance
10/17/2024	Inspection Completed On-site
10/17/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The small adult foster care home is located in a residential area in Fraser, Michigan. The home is a single-story ranch structure with a full partially finished basement and an attached garage. The first floor of the home consists of a living room, dining room, kitchen, great room, three bedrooms, one full bathroom and a half bathroom.

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 located at top of stairs. The facility is equipped with battery operated smoke detection and is fully operational. The laundry room is located in the basement. The home is wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 x 10	120	1
2	12 x 11.11	143	2
3	12.8 x 11	139.33	2

Total beds: 5

The living, kitchen, dining, and great room areas measure a total of 624 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 **five** (5) 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 **five** (5) male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled or physically handicapped adults, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred from the community.

The programs mission is to create a nurturing and supportive environment where each resident is treated with the utmost dignity and respect. The program is committed to delivering exceptional, person-centered care through unwavering compassion, integrity, and an ongoing commitment to excellence. There program is guided to ensure that residents experience a home-like atmosphere that supports their well-being and quality of life.

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 is Transitional Adult Care LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 02/22 /2021. Transitional Adult Care LLC 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.

The Board of Directors of Transitional Adult Care LLC has submitted documentation appointing Violet Benford as Licensee Designee and Administrator for this facility.

Violet Benford has an abundance of healthcare experience. Violet Benford obtained a Bachelor of Science degree in Nursing in 2010 and a Master of Science degree in Nursing Leadership and Management in 2012. Violet Benford has a Registered Nursing (RN) license since 2010 in Michigan. Violet Benford has been an on-call hospice triage nurse in this position since 2021. Violet Benford has over seven years of experience as an RN Home Care Manager and has several years of experience as a hospice case manager, unit manager, and supervisory experience. Violet Benford's leadership, management, and coordination capabilities within hospital settings are strong and well-honed. Her extensive experience and qualifications make her a reassuring presence in any healthcare team.

A licensing record clearance request was completed with no LEIN convictions recorded for Violet Benford. Violet Benford submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Violet Benford 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 5 -bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. All staff shall be awake during sleeping hours.

Violet Benford 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 1 –to-5 resident ratio.

Violet Benford 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.

Violet Benford 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, Violet Benford 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.

Violet Benford acknowledges her 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, Violet Benford 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.

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

Violet Benford 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. Violet Benford 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.

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

Violet Benford 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, Violet Benford 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.

Violet Benford 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

Violet Benford 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 (capacity 1-5).

L. Reed

10/22/2024

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

10/22/2024

Denise Y. Nunn
Area Manager

Date