



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

August 22, 2007

Donzell Dawkins Jr.
1109 16th Street
Bay City, MI 48708

RE: Application #: AF090289668
Premier Care Assisted Living
1109 16th St
Bay City, MI 48708

Dear Mr. Dawkins Jr.:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (989) 835-7241.

Sincerely,

Mary T. Fischer, Licensing Consultant
Office of Children and Adult Licensing
1509 Washington, Ste A
P.O. Box 1609
Midland, MI 48641
(989) 835-7739

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF090289668

Applicant Name: Donzell Dawkins Jr.

Applicant Address: 1109 16th Street
Bay City, MI 48708

Applicant Telephone #: (989) 295-7641

Administrator/Licensee Designee: N/A

Name of Facility: Premier Care Assisted Living

Facility Address: 1109 16th St
Bay City, MI 48708

Facility Telephone #: (989) 295-7641

Application Date: 04/09/2007

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/09/2007	Enrollment
07/24/2007	Application Incomplete Letter Sent
08/01/2007	Inspection Completed On-site
08/07/2007	Contact - Telephone call made
08/21/2007	Contact - Face to Face Applicant came to the office to make corrections to Licensing application and to bring a copy of his CPR card.
08/21/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The applicant, Mr. Donzell Dawkins Jr. and business partner recently purchased the property located at 1109 16th Street, Bay City, Michigan. The home is a large two story wood structured building, well maintained and has a Michigan basement. The structure was at one time two separate homes, which have since been attached, to form one large structure. The home is located in the south end of Bay City on a paved street, a few blocks south of Columbus Street.

The main floor of the home has a living room, which measures 17' 11" by 10'2" for a total of 174 square feet of living space. The dining room is half of the kitchen space which has 138 square feet of living space. The applicant is a single man who will reside in the upstairs portion of the home. The applicant has a private living room six bedrooms and a bathroom upstairs. The total living space on the main floor of the facility, which does not include hallways, kitchen, bedrooms, bathrooms or laundry room comes to 312.8 square feet of living space. There will be a maximum of 7 people living in the facility; therefore the living space per person will be 44.68 square feet. This is more than adequate for a family home.

There are four private bedrooms and one double occupancy bedroom. Bedroom number one is a private room which measures 12'7" x 7'6" for a total of 96.5 square feet. Bedroom number two is a private room which measures 9'7" x 8'7" for a total of 84.4 square feet. Private bedroom number three measures 8'7" x 8'4" for a total of 73 square feet. Double Occupancy bedroom number four measures 11'3" x 17'3" for a total of 195.5 square feet. Private bedroom number five measures 9'11" x 8'5" for a total of 77.4 square feet. The square feet of living space per resident is more than adequate. The bedrooms are fully furnished as required by the licensing rules.

The home utilizes public sewage and water system. This licensing consultant found the home to be in compliance with cleanliness and health safety standards as

required in the licensing rules. The facility has a gas forced air furnace and a gas hot water heater located in the basement. There is a solid fire door at the top of the basement stairs with a self-closing device. The smoke detectors are battery powered and in good working condition. The applicant has purchased fire extinguishers for each level of the home, although they are not required in a family home. The emergency phone numbers and evacuation routes are posted in the home.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant 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. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with non specified LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant, Donzell Dawkins Jr. 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, and the additional financial backing of business partner.

The applicant has experience working in the Alterra Assisted Living adult foster care facility in Midland, Michigan, where he has worked with the elderly population, and has completed First Aid and CPR training.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

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

The applicant acknowledges the understanding that as licensee of an adult foster care family home he must reside in the home to maintain this type of license.

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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 their responsibility to 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 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 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.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant 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.

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

The applicant acknowledges their responsibility to obtain 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, the applicant 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.

D. Rule/Statutory Violations

This home was found to be in full compliance with the Licensing and Administrative rules.

IV. RECOMMENDATION

I recommend issuance of a temporary six month license to this Adult Foster Care adult family home (capacity 1-6).



8/22/2007

Mary T. Fischer
Licensing Consultant

Date

Approved By:



08/22/2007

Christopher Hibbler
Area Manager

Date