



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

January 9, 2009

Latonia Fletcher  
3209 Old Farm  
Flint Twp, MI 48507

RE: Application #: AS250298369  
Fletcher AFC  
3209 Old Farm Road  
Flint Twp, MI 48507

Dear Ms. Fletcher:

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 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) 758-1754.

Sincerely,

Mildred Schwarcz, Licensing Consultant  
Bureau of Children and Adult Licensing  
2320 W. Pierson Rd.  
Flint, MI 48504  
(810) 787-7035

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250298369

**Applicant Name:** Latonia Fletcher

**Applicant Address:** 3209 Old Farm  
Flint Twp, MI 48507

**Applicant Telephone #:** (810) 733-0118

**Administrator/Licensee Designee:** Latonia Fletcher

**Name of Facility:** Fletcher AFC

**Facility Address:** 3209 Old Farm Road  
Flint Twp, MI 48507

**Facility Telephone #:** (810) 733-0118

**Application Date:** 10/01/2008

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

10/01/2008	Enrollment
10/03/2008	Application Incomplete Letter Sent 1326 Latonia
10/03/2008	Inspection Report Requested - Health inv 1014851
10/14/2008	Inspection Completed-Environmental Health: A
10/29/2008	Application Complete/On-site Needed
11/19/2008	Inspection Completed On-site
11/19/2008	Application Incomplete Letter Sent Confirming Letter
01/06/2009	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a large, ranch style brick structure, with vinyl siding. It is located in an urban residential neighborhood with similar style dwellings. Recreational, shopping and cultural facilities are accessible to the facility. There is adequate off street parking on the paved driveway.

The facility consists of one single occupancy resident bedroom, two double occupancy resident bedrooms, one full bathroom with a shower, one full bathroom with a tub, a family room, a living room, a dining room, a kitchen, and an enclosed porch. The facility has an attached two-car garage.

The basement contains the licensee's private living quarters and the laundry room. The gas-fired furnace and the hot water heater are located in the basement with a 1-3/4 inch solid 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 interconnected, hardwired smoke detection system, with battery back-up, 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	9.8 x 9.3	91	1
2	13.3 x 10	133	2

3		188	2
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The living room measures a total of 247 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.

The facility utilizes the municipal sewage disposal system and a private water supply system. The Genesee County Health Department conducted an inspection of the facility on 10/14/2008 and gave the facility full approval.

## **B. Program Description**

Latonia Fletcher submitted an application to operate an adult foster care small group home at the above-referenced address. This location is currently licensed as an adult foster care family home (AF250247022) so essentially this application is for a change of category. In addition to this facility, Ms. Fletcher also operates another licensed adult foster care small group home in Burton, Woodland Park, AS250282482.

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 adults whose diagnosis is developmentally disabled or mentally ill, 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. Residents will be referred from Genesee County Community Mental Health and the Genesee County Department of Human Services.

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 all 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.

A licensing record clearance request was completed with no lein convictions recorded for the applicant, who will also act in the capacity of the administrator. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 5 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 –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)), 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 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 their 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, the applicant 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.

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 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 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, 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.

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.

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

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

