

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



September 29, 2009

Rahel Abebe 4982 Wilcox Road Holt, MI 48842

RE: Application #: AF330298802

Rachel's Adult Foster Care

4982 Wilcox Road Holt, MI 48842

Dear Ms. Abebe:

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 (517) 241-2585.

Sincerely,

Davisara IZ Williams Liaansina Cana

Barrara K. Williams

Barbara K. Williams, Licensing Consultant Bureau of Children and Adult Licensing 7109 W. Saginaw P.O. Box 30650 Lansing, MI 48909 (517) 241-0978

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AF330298802

Applicant Name: Rahel Abebe

Applicant Address: 4982 Wilcox Road

Holt, MI 48842

Applicant Telephone #: (517) 371-6952

Administrator/Licensee Designee: N/A

Name of Facility: Rachel's Adult Foster Care

Facility Address: 4982 Wilcox Road

Holt, MI 48842

Facility Telephone #: (517) 371-6952

Application Date: 10/17/2008

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

AGED

II. METHODOLOGY

10/17/2008	Enrollment
01/14/2009	Application Incomplete Letter Sent
03/11/2009	Inspection Completed On-site
04/10/2009	Confirming Letter Sent
06/15/2009	Inspection Completed On-site
07/19/2009	Contact - Document Received
08/13/2009	Inspection Completed On-site
09/16/2009	Contact - Document Received
09/29/2009	Contact – Face to Face
09/29/2009	Contact – Document received
09/29/2009	Inspection Completed full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style house located in Holt, Michigan. On the main level, the house consists of a living room, kitchen and dining area combined, one and one half bathrooms and four resident bedrooms. The applicant's living quarters are located in the basement which consists of a living and dining area, two bedrooms, laundry room and one full bathroom. The furnace and hot water heater are located in the basement. The living room and dining area measurements on the main floor measure 321 square feet. The applicant's living and dining area measurements measure 283 square feet. These measurements meet the required square footage for living area space for the proposed number of residents and occupants of the home.

The bedroom space available is as follows:

Location		Square Footage	Capacity
NE bedroom	9-7 X11-5 - 2-1 X 3-6 (Closet)	102 square feet	1
N. bedroom	10-5 X 19-6 - 4-1 X 8-4 (Closet)	169 square feet	2

NW bedroom	10-5 X 19-6 - 4-1 X 8-4 (Closet)	169 square feet	2
SW bedroom	9-7 X11-5 - 2-1 X 3-6 (Closet)	102 square feet	1

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) residents who are aged or developmentally disabled.

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 no LEIN convictions recorded for the applicant. The applicant and responsible person submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has gained experienced with aged and developmentally disabled individuals by her work in nursing care facilities and her employment in this previously licensed adult foster care facility.

The applicant 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 available cash.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee 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 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 acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have <u>regular</u>, <u>ongoing</u>, "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 SolutionsTM (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.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

Laskara K. Williams

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-6).

9/29/09

Barbara K. Williams	Date
Licensing Consultant	
Approved By:	
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Betsy Montgomery	Date
Area Manager	