



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 11, 2011

Grace Marandi
201 S. Main St.
Berrien Springs, MI 49103

RE: Application #: AF110310997
ABI's AFC Home
201 S. Main St.
Berrien Springs, MI 49103

Dear Ms. Marandi:

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 (269) 337-5066.

Sincerely,

Karen Hodge, Licensing Consultant
Bureau of Children and Adult Licensing
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 934-2017

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AF110310997 |
| Applicant Name: | Grace Marandi |
| Applicant Address: | 201 S. Main St. Berrien Springs, MI 49103 |
| Applicant Telephone #: | (269) 471-3029 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | ABI's AFC Home |
| Facility Address: | 201 S. Main St. Berrien Springs, MI 49103 |
| Facility Telephone #: | (269) 471-3029 11/04/2010 |
| Application Date: | |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED AGED |

II. METHODOLOGY

| | |
|------------|---|
| 11/04/2010 | Enrollment |
| 11/09/2010 | Contact - Document Sent Rules & Act booklets |
| 11/09/2010 | Application Incomplete Letter Sent Rec cl's for Grace, Richard & responsible person, page 2 of app |
| 12/10/2010 | Contact - Document Received App - 2nd page completed, rec cl's for Richard, Anee & Grace |
| 12/13/2010 | Lic. Unit file referred for criminal history review Richard |
| 02/17/2011 | Inspection Completed-BCAL Sub. Compliance |
| 02/28/2011 | Application Complete/On-site Needed |
| 03/10/2011 | Inspection Completed On-site |
| 03/10/2011 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Property Ownership: The property at 201 S. Main St. Berrien Springs is being purchased by Grace Marandi. The home was previously licensed as an Adult Foster Care Family Home. Ms. Marandi has provided documentation proving she is purchasing the home.

This home is an older, two-story structure, with a full basement located within walking distance of the village of Berrien Springs. The basement contains the water heater, furnace, and laundry facilities but is not approved for resident use.

The main level of the home contains a fully equipped kitchen, a dining room with sufficient space to seat all the occupants of the home, a large living room and three bedrooms for the licensee and her family. There is also a full bathroom with a tub/shower combination.

Resident bedrooms are located on the second floor accessed by a staircase. Residents of the home must be ambulatory. Two resident bedrooms are for single occupancy and two bedrooms are for double occupancy. The upstairs also contains a large sitting room, lavatory, and shower.

The facility meets square footage requirements for six residents and up to four family members.

The home is in full compliance with fire safety rules. There are battery-operated smoke alarms in the living room, dining room, kitchen, the upstairs hallway, the upstairs sitting room, and in the basement. The home has six fire extinguishers that are operational and fully charged.

The foster home has public water and sewer services, and weekly trash service is provided by the village. The facility is in full compliance with environmental rules.

B. Program Description

Ms. Marandi is an individual applicant. She has past experience providing care in a nursing home and in previous foster care settings. She has certification as a nursing assistant. She has provided documentation of CPR and First Aid training. Ms. Marandi has submitted a record clearance for a Good Moral Character determination on herself and the other two adult family members living in the home. Ms. Marandi and the two other adult household members have provided documentation they are free of tuberculosis.

Ms. Marandi intends to provide personal care, protection, and supervision herself with the assistance of her daughter and her daughter's fiancé. The facility will accept males and females with mental illness, developmental disabilities or who are aged. Payment can be state rate based on SSI or private pay. Ms. Marandi will provide local transportation by private vehicle for medical and psychiatric appointments. Other community appointments can be made by prior arrangement.

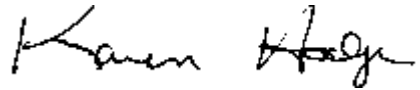
The licensee has been provided technical assistance and the forms necessary to be in compliance with administrative rules related to resident care.

C. Rule/Statutory Violations

The facility and the applicant have been determined to be in full compliance with licensing and administrative rules. Quality of care rule compliance will be evaluated further during the 6-month temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this Adult Foster Care Family Home. (capacity 6)

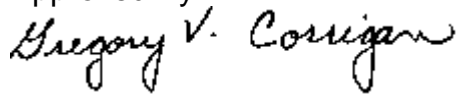


03/10/11

Karen Hodge
Licensing Consultant

Date

Approved By:



03/11/2011

Gregory V. Corrigan
Area Manager

Date