



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 3, 2011

Hena Mondol
245 E. Michigan Avenue
Three Rivers, MI 49093

RE: Application #: AF750314462
Hena's AFC Home
245 E. Michigan Avenue
Three Rivers, MI 49093

Dear Mrs. Mondol:

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,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5264

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF750314462

Applicant Name: Hena Mondol

Applicant Address: 245 E. Michigan Avenue
Three Rivers, MI 49093

Applicant Telephone #:

Administrator/Licensee Designee: N/A

Name of Facility: Hena's AFC Home

Facility Address: 245 E. Michigan Avenue
Three Rivers, MI 49093

Facility Telephone #: (269) 858-3009
07/19/2011

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
ALZHEIMERS
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/19/2011	Enrollment
07/22/2011	PSOR on Address Completed
07/22/2011	Contact - Document Sent Rules & Act booklets
07/22/2011	Application Incomplete Letter Sent Rec cl's for Hena & Paula
08/16/2011	Contact - Document Received Rec cl's for Hena & Paula, 1st Aid for Hena
08/17/2011	Lic. Unit file referred for criminal history review Hena - RS
08/26/2011	Application Complete/On-site Needed
10/13/2011	Contact - Telephone call made left message with applicant.
10/13/2011	Application Incomplete Letter Sent
11/30/2011	Inspection Completed On-site
11/30/2011	Inspection Completed-BCAL Sub. Compliance
12/22/2011	Inspection Completed On-site follow up
12/22/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story house with partially finished basement that was previously licensed as an AFC small group home (capacity 12). It is located in the city limits of Three Rivers MI. The applicant, her 2 minor children and 1 adult daughter will occupy the 2nd floor that includes 3 bedrooms and a full bathroom. The basement is unoccupied.

Residents will occupy the 1st floor only that includes 3 bedrooms, full bathroom, dining room, living room, screened front porch, and kitchen.

The applicant and another individual own the property. On file is proof of ownership and written permission from the co owner to have this home inspected and used for adult foster care.

The home has public water and sewer. On site inspections confirmed it is in compliance with rules pertaining to environmental health.

The home is in substantial compliance with rules pertaining to fire safety. It has battery operated smoke detectors in the required areas. A gas fired furnace and water heater are located in the basement. On file is written verification from a licensed heating contractor that the furnace was recently tuned up and found to be in good working order.

B. Program Description

The applicant and her adult daughter will provide resident care. On file are their medical, TB, and criminal record clearances.

The applicant is approved to provide care to the aged, mentally ill, developmentally disabled, physically handicapped, Alzheimer's, and traumatic brain injured populations. Both genders are accepted. Presently the home is not wheelchair accessible. Transportation services will be specified in the resident care agreements. Emergency transportation is available by dialing 911.

The applicant will issue and review a copy of resident rights with each admission. The applicant has previously operated an adult foster care home and therefore is familiar with all record keeping requirements for residents and responsible persons. I reviewed with the applicant the requirements of Act 29 regarding criminal background check requirements for employees providing care to residents.

The applicant will have at least one responsible person on duty, 24 hours/day whenever residents are in the home.

A review of the application indicates substantial compliance with rules pertaining to financial capability of the applicant.

C. Conclusion

This applicant is in substantial compliance with Act No. 218 and the applicable administrative rules for an AFC adult family home.

IV. RECOMMENDATION

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

Kenneth Tindall

12.28.2011

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

01/03/2012

Gregory V. Corrigan
Area Manager

Date