



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 21, 2012

Probir Bairagee
307 N. Main Street
Three Rivers, MI 49093

RE: Application #: AF750317796
Sona Adult Foster Care
307 N. Main Street
Three Rivers, MI 49093

Dear Mr. Bairagee:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF750317796

Applicant Name: Probir Bairagee

Applicant Address: 307 N. Main Street
Three Rivers, MI 49093

Applicant Telephone #: (240) 423-6930

Administrator/Licensee Designee: N/A

Name of Facility: Sona Adult Foster Care

Facility Address: 307 N. Main Street
Three Rivers, MI 49093

Facility Telephone #: (240) 423-6930

Application Date: 03/22/2012

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/22/2012	Enrollment
03/27/2012	PSOR on Address Completed
03/27/2012	Contact - Document Sent Rules & Act booklets
03/27/2012	Application Incomplete Letter Sent Rec cl's for Probir, Snchlata Singh & Nazmin Bairagee
04/10/2012	Contact - Document Received Rec cl's for Probir & Nazmin
04/11/2012	Application Incomplete Letter Sent Rec cl for Snehlata S.
04/25/2012	Contact - Document Received Rec cl for Snehlata S.
04/25/2012	Application Incomplete Letter Sent Self-Cert. Stmt for Snehlata S.
05/11/2012	Contact - Document Received Self-Cert Stmt for Snehlata
05/11/2012	Application Incomplete Letter Sent Self-Cert Stmts for Probir & Nazmin
05/25/2012	Contact - Document Received Self-Cert Stmts for Nazmin & Probir
05/25/2012	Application Complete/On-site Needed
06/01/2012	Contact - Telephone call received from applicant
06/07/2012	Contact - Document Received Proof of ownership of property.
06/21/2012	Inspection Completed On-site
06/25/2012	Inspection Completed-BCAL Sub. Compliance
08/08/2012	Inspection Completed On-site
08/14/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This 2-story wood-frame house with an unfinished basement and detached 2-car garage is located in the city limits of Three Rivers, MI. Applicant Probir Bairagee submitted verification that he owns the property with a mortgage thru AmeriFirst Financial Corporation.

The 1st floor has an exterior covered porch, foyer area, living room, kitchen, 2 dining rooms, 2 nonresident bedrooms (occupied by the applicant, 1 minor child and 2 adult members of household/responsible persons), and 1 full bathroom.

The 2nd floor has 3 resident bedrooms, 1 full bathroom, and an activity room.

The home is not wheelchair accessible and it utilizes public water and sewer. Onsite inspections verified compliance with rules relating to environmental health.

Onsite inspections verified compliance with rules relating to fire safety. A gas furnace and gas water heater is located in the basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware provide floor separation. Battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in the basement near the furnace.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'6" by 13'	175.5	2
2	15'8" by 12'6"	196	3
3	8'8" by 14'	121	1

The living room, dining rooms and activity room areas measure a total of 581 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents that may include aged, developmentally disabled, mentally ill, and physically handicapped populations.

Emergency transportation is available by dialing 911. Other transportation services will be specified in the resident care agreement.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the 2 adult members of household/responsible persons. The applicant and 2 responsible persons submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

A review of the application indicates the applicant has sufficient financial resources to meet Rule 400.1404(4).

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must 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 six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant indicated there will be at least 1 responsible person on duty on the premises of the home whenever there are residents in the home.

The applicant acknowledges an understanding of the qualification and suitability 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 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) and the related documents required to be maintained in each employee's 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person(s) and volunteer(s).

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 their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms as required by rule.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

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

The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 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.

D. Rules or Statutory Violation

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

III. RECOMMENDATION

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

Kenneth Tindall

08/21/2012

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Jerry Hendrick

08/21/2012

Jerry Hendrick
Area Manager

Date