



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 11, 2012

Amber Hernandez-Bunce
Hernandez Home LLC
P.O. Box 277
Bloomington, MI 49026

RE: Application #: AS800327951
Paulson Home
27425 29th Street
Gobles, MI 49055

Dear Ms. Hernandez-Bunce:

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 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,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800327951
Applicant Name:	Hernandez Home LLC
Applicant Address:	44409 Baseline Road Bloomingtondale, MI 49026
Applicant Telephone #:	(269) 521-4130
Administrator/Licensee Designee:	Amber Hernandez-Bunce
Name of Facility:	Paulson Home
Facility Address:	27425 29th Street Gobles, MI 49055
Facility Telephone #:	(269) 628-4830
Application Date:	06/15/2012
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/15/2012	Enrollment
06/27/2012	Contact - Document Sent Rules & Act booklets
06/27/2012	Inspection Report Requested - Health Inv. #1020395
07/02/2012	Comment File received in Kalamazoo
07/02/2012	Application Incomplete Letter Sent
07/13/2012	Contact - Document Received Licensing materials received
08/02/2012	Contact - Face to Face Met with applicant to review licensing paperwork
08/16/2012	Inspection Completed-Env. Health : A
08/30/2012	Inspection Completed On-site
08/30/2012	Application Complete/On-site Needed
09/10/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Paulson Home is a ranch style home, with a full basement, located in a rural area outside of Gobles, MI. The facility has 3 bedrooms, all of which will be for resident use, located on the main floor. One full bathroom is located in the hall near Bedrooms 2 and 3; Bedroom 1 has private access to another full bathing facility. The large kitchen area is connected to a dining room and the facility has a large living room. The home is not wheel chair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 North	11'2" x 12'8"	141	2
2 South	12'7" x 9'10'	123	1
3 SW	13'1" x 10'3"	134	2

The living room alone measures a total of 254 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility has a private well and septic system. The facility received an A rating from the Van Buren County Environmental Health Department on 07/31/2012.

The gas furnace and hot water heater are located in the basement in an enclosure constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational throughout the facility.

Double D Heating completed a furnace inspection on 08/26/2012. Approved Protection Systems completed installation of fire safety devices on 08/27/2012. Hammond Electric Co. completed an inspection of electrical systems on 08/28/12. Documentation was provided which confirmed that the ceiling tiles in the basement are Class A rated.

Based on the above information, it is concluded that this facility can accommodate 5 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

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. The program type includes developmentally disabled, mentally ill, traumatic brain injured and physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from various community mental health agencies in the State of Michigan.

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 local transportation or as defined in their contract for specialized services. The facility will make provision for a variety of leisure and recreational equipment

C. Applicant and Administrator Qualifications

The applicant is Hernandez Home, L.L.C., which is a "Domestic Limited Liability Company", established in Michigan on 06/03/04. The applicant submitted a financial

statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Hernandez Home, L.L.C. have submitted documentation appointing Amber Hernandez-Bunce as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Hernandez-Bunce. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Hernandez-Bunce 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. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) 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 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 good moral character, medical, and training documentation and signatures that are to be completed

prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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 and obtaining new signatures for each resident on an annual basis.

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 that are 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 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 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to the adult foster care small group home for a capacity of 5.



09/11/2012

Donna Konopka
Licensing Consultant

Date

Approved By:



09/11/2012

Jerry Hendrick
Area Manager

Date