



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 1, 2012

Betel AFC Home, Inc.
4716 Omar Drive
Lansing, MI 48917

RE: Application #: AS230310930
Betel AFC Home, Inc.
4716 Omar Drive
Lansing, MI 48917

Dear Betel AFC Home, Inc.:

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 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,

Dawn Campbell, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5607

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS230310930
Applicant Name:	Betel AFC Home, Inc.
Applicant Address:	4716 Omar Drive Lansing, MI 48917
Applicant Telephone #:	(517) 323-4967
Administrator:	Dereje Woldemariam
Name of Facility:	Betel AFC Home, Inc.
Facility Address:	4716 Omar Drive Lansing, MI 48917
Facility Telephone #:	(517) 323-4967
Application Date:	10/18/2010
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

10/18/2010	Enrollment
11/04/2010	Contact - Document Sent Rules & Act booklets
11/04/2010	Application Incomplete Letter Sent Rec cl's for Tiruwork & Dereje
11/17/2010	Contact - Document Received Rec cl's for Tiruwork & Dereje
12/07/2010	Application Incomplete Letter Sent
03/25/2011	Contact - Document Received Rec cl's for Tiruwork & Dereje, app - #16 completed
04/11/2011	Contact - Document Received Federal ID verification
06/29/2011	Application Incomplete Letter Sent
06/21/2012	Inspection Completed On-site
06/25/2012	Application Incomplete Letter Sent
08/03/2012	Application Complete/On-site Needed
08/03/2012	Contact - Document Received Updated medical and program documents received from Licensee.
08/31/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Betel AFC Home, Inc. is a bi-level home located in a Delta Township in Lansing, Michigan. The facility has a paved driveway, which provides ample parking for visitors and staff. Attached to the facility is a two-car garage with concrete floors and some room for storage. There is a small wooden deck attached to the back of the facility located off the main living area of the facility. The enclosed deck is more than eight inches above grade; and has handrails and fencing on the open sides. This home is not wheelchair accessible and will not accept residents that are wheelchair reliant.

The upper (main) level of the facility consists of a combined living and dining, kitchen, one full bathroom, and two resident bedrooms. Residents will have access to the entire

main level of the facility. The second level of the home has two bedrooms and a full bathroom. The lower level of the home has storage for residents, the heating plant and laundry area. There is also a small room that will be used as an office for staff. The furnace and hot water heater are also located in the basement and are separated from the main level by a solid wood core fire door that is in a fully stoppable wood frame and equipped with an automatic self-closing device and positive-latching hardware. The facility has two fire extinguishers with one placed on each level of the facility. The smoke detectors are located near all sleeping areas, in the kitchen and in the main living areas.

The resident bedrooms, living and activity areas measured as follows:

Living Room	15' x 16' = 240 square feet	
Dining Room	12' x 12' = 144 square feet	
Bedroom #1	10.5 x 9.5' = 99 square feet	1 resident
Bedroom #2	11.5' x 13.5' = 155 square feet	2 residents
Bedroom #3	10.5' x 9.5' = 99 square feet	1 resident
Bedroom #4	10.5' x 9.5' = 99 square feet	1 resident

The furnace and hot water heater are located in the lower level of the facility and was approved for fire safety on 08/31/2012. The facility has 3 approved exits that lead directly outside. The facility has public water and sewage.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to five male and/or female residents over the age of 18 who are either mentally ill or developmentally disabled. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs, including mind, body and spirit. The facility will integrate the community into the daily lives of the individuals living in the facility. This includes schools, social clubs and local businesses. The applicant encourages family members to visit and actively engage with their loved ones. The facility is not wheelchair accessible at this time.

The facility plans to have at least one staff member per shift but will adjust the staff ratio as the number of residents grows and also to ensure that the safety, supervision and care needs of the residents are met in accordance with the residents' written assessment plans.

C. Applicant and Administrator Qualifications

The applicant is Betel AFC Home INC, which is a "Domestic Nonprofit Corporation" established in Michigan on 09/09/2010. 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.

Mr. Dereje Woldermariam is the administrator for this facility. Mr. Woldermariam is a licensed Practical Nurse in the state of Michigan.

A licensing record clearance was completed with no LEIN convictions recorded for Mr. Woldermariam. Mr. Woldermariam submitted a medical clearance request documenting that no physical or mental health condition exists that would limit his ability to work with or around vulnerable adults. Current negative TB test results were also obtained for Mr. Woldermariam.

Mr. Woldermariam acknowledges an understanding of the requirements to maintain this category license type. He also acknowledges an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Mr. Woldermariam has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility

