



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 10, 2013

Susan Dornan
2821 Courtlandt Ave.
Kalamazoo, MI 49004

RE: Application #: AM390315012
Sue's Loving Care
2827 Courtlandt Ave.
Kalamazoo, MI 49004

Dear Mrs. Dornan:

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 8 is issued.

The licensing consultant assigned to this home is Kenneth Tindall telephone (269) 615-5190.

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,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM390315012

Applicant Name: Susan Dornan

Applicant Address: 2821 Courtlandt Ave.
Kalamazoo, MI 49004

Applicant Telephone #: (269) 345-3873

Administrator/Licensee Designee: Susan Dornan, Administrator

Name of Facility: Sue's Loving Care

Facility Address: 2827 Courtlandt Ave.
Kalamazoo, MI 49004

Facility Telephone #: (269) 226-9165

Application Date: 08/24/2011

Capacity: 8

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/24/2011	Enrollment
08/29/2011	Inspection Report Requested - Health 1019166
08/29/2011	Inspection Report Requested - Fire
08/29/2011	Contact - Document Sent Fire Safety String and Rule & ACT Books
08/29/2011	File Transferred To Field Office Kalamazoo
09/06/2011	Application Incomplete Letter Sent
09/23/2011	Inspection Completed-Env. Health : A
03/05/2013	Inspection Report Requested - Health
03/28/2013	Inspection Completed-Env. Health : A
04/01/2013	Inspection Completed On-site
04/05/2013	Inspection Completed-Fire Safety : A verbal approval given from K Howe BFS
04/08/2013	Contact - Document Received TB test results
04/08/2013	Inspection Completed-BCAL Full Compliance
04/09/2013	PSOR on Address Completed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one story modular home located in a residential neighborhood. The front door enters into a dining/living room area. A smaller sitting room is located between the living room and a bedroom. This home contains four bedrooms and two full bathrooms. The home also contains a full kitchen with a small eating nook.

Mrs. Dornan has operated a six bed small group home at this location since 2005. She has since built an addition with a bedroom and sitting room to increase her capacity to eight.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' x 15'	135	2
2	9'1"x16'6"	149	2
3	12'6"x10'5"	131	2
4	12'8"x12'6"	158	2

The living, dining, and sitting room areas measure a total of 539 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. (8x35=280).

On October 29, 2012 Mrs. Dornan requested a variance to administrative rule 400.14303(1)(o) to allow for video monitors in bedrooms. This variance request was denied on October 31, 2012. She may utilize a motion sensor system which will alert staff that someone is moving.

On June 13, 2011 the City of Kalamazoo Community Planning and Development Division gave zoning variance approval for Mrs. Dornan to operate an 8 bed adult foster care facility at this location.

The Kalamazoo County Department of Environmental Health conducted inspections at this facility on September 20, 2011 and March 25, 2013. The facility received an "A" rating at both inspections, indicating substantial compliance with applicable rules.

On April 5, 2013 I received verbal confirmation from Ken Howe, inspector for the Bureau of Fire Safety, that this facility was granted full approval for compliance with fire safety rules. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout.

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 eight (8) male or female adults whose diagnosis is aged and/or dementia or Alzheimer's. The program will include social interaction skills, personal hygiene, and personal adjustment skills. The applicant's primary intent is to provide end of life care in the least restrictive environment possible. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept private pay residents.

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.

Transportation for program and medical needs will be arranged on an individual basis and specified in the resident care agreement. The facility will make provision for a variety of leisure and recreational interests within the facility. Recreational trips outside of the facility will be provided as resident interests and abilities dictate.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

Mrs. Dornan submitted fingerprints as required with no convictions recorded for her. She also submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mrs. Dornan 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 8 bed facility is adequate and includes a minimum of 1 staff –to- 8 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 temporary license to this AFC adult medium group home (capacity 8).



April 10, 2013

Susan Gamber
Licensing Consultant

Date

Approved By:



April 10, 2013

Jerry Hendrick
Area Manager

Date