



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 4, 2014

HomeLife Inc, Attn Barry Bruns
PMB #360
5420A Beckley Rd.
Battle Creek, MI 49015

RE: Application #: AM030353416
691 W. Bridge Street AFC
691 W. Bridge Street
Plainwell, MI 49080

Dear Mr. Bruns:

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 12 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 #: AM030353416

Applicant Name: HomeLife Inc

Applicant Address: 3 Heritage Oak Lane
Battle Creek, MI 49015

Applicant Telephone #: (269) 660-0854

Administrator/Licensee Designee: Barry Bruns, Designee

Name of Facility: 691 W. Bridge Street AFC

Facility Address: 691 W. Bridge Street
Plainwell, MI 49080

Facility Telephone #: (269) 660-0854

Application Date: 12/05/2013

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/26/2013	Inspection Completed-Fire Safety : A
12/05/2013	Enrollment
12/09/2013	Contact - Document Sent Rules & Act booklets
12/09/2013	Inspection Report Requested - Health Inv. #1022454
12/09/2013	Comment Fire inspection ok per consultant
12/20/2013	Contact - Document Received Required documents.
12/20/2013	Application Complete/On-site Needed
12/27/2013	Inspection Completed On-site
01/14/2014	Inspection Completed-Env. Health : A
02/03/2014	Contact - Document Received Via email required documents.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home was previously licensed as an AFC medium group home (capacity 12). The property is owned by HomeLife Properties – West Bridge, LLC which is equally owned by Barry Bruns and Scott Christ. On file is proof of ownership and a lease agreement that the property owner has with the applicant (HomeLife, Inc.). Also on file is written permission from Mr. Bruns and Mr. Christ for this property to be used for Adult Foster Care.

This is a single story wood frame house located in a residential neighborhood in Plainwell MI. There are 6 resident bedrooms, 4 bathrooms, dining room, kitchen, living room, laundry room, staff office, pantry, and mechanical room. The home is wheelchair accessible with 2 approved means of egress. On file is a letter from the Plainwell City Clerk (dated 01/14/2014) that gives zoning approval for this property to be used as an AFC home, with a capacity of 12 residents.

On file is verification that the home was inspected and approved by the local health authority. The home utilizes municipal water and sewage disposal. The home is in substantial compliance with rules pertaining to environmental health.

The home is in substantial compliance with rules pertaining to fire safety. On file is an approved inspection report from Bureau of Fire Services Fire Marshal Division. A forced air gas furnace along with a gas water heater is located in a room that is 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, hardwired smoke detection system, with battery backup, and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16.5' by 10.5'	223	2
2	16.5' by 10.5'	223	2
3	11.66' by 15.5'	182	2
4	11.5' by 15.5'	180	2
5	11.5' by 15.5'	180	2
6	11.66' by 15.5'	182	2

The living, dining, and sitting room areas measure a total of 1,134 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 **twelve (12)** 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 **twelve (12)** male or female adults whose diagnosis is developmentally disabled, mentally ill, or traumatic brain injured. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

Emergency transportation is available by dialing 911. Transportation provided by the applicant can be specified in the resident care agreement.

C. Applicant and Administrator Qualifications

The applicant is HomeLife, Inc., which is a “For Profit Corporation” and established in Michigan, on 01/08/1996. HomeLife, Inc. operates numerous adult foster care homes in Kalamazoo County. 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 Board of Directors of HomeLife, Inc. has submitted documentation appointing Barry Bruns as Licensee Designee for this corporation, and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Bruns. Mr. Bruns also submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Bruns 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 12 bed facility is adequate. 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 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.

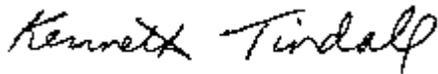
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



02/04/2014

Kenneth Tindall
Licensing Consultant

Date

Approved By:



02/04/2014

Jerry Hendrick
Area Manager

Date