



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 16, 2014

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

RE: Application #: AS390350854
10745 South 12th Street AFC
10745 South 12th Street
Schoolcraft, MI 49087

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 6 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 (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 #: AS390350854

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: 10745 South 12th Street AFC

Facility Address: 10745 South 12th Street
Schoolcraft, MI 49087

Facility Telephone #:

Application Date: 10/24/2013

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/24/2013	Enrollment
10/29/2013	Inspection Report Requested - Health 1022206
10/29/2013	Contact - Document Sent Rule & ACT Books
10/29/2013	Application Incomplete Letter Sent 1326 for Barry Bruns sent back for fingerprints
11/04/2013	Contact - Document Received 1326/Fingerprint for Barry Bruns
11/04/2013	Application Complete/On-site Needed
11/04/2013	File Transferred To Field Office Kalamazoo
05/01/2014	Inspection Completed-Env. Health : A
06/05/2014	Inspection Completed On-site
06/05/2014	Contact - Document Received required documents
06/09/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property is owned by HomeLife Properties – Portage, 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.). This lease agreement indicates use of the property will be for adult foster care.

This single story ranch style house with basement is located in a rural area near Schoolcraft, MI. The applicant renovated the home, and it was inspected and approved by the City of Portage building inspectors. On file is a "Certificate of Occupancy" from the City of Portage. The 1st floor has 6 resident bedrooms, 2 full bathrooms, dining area, kitchen and 2 living rooms. The basement has a heat plant room, staff office and laundry room. The home is wheelchair accessible with 3 approved means of egress.

The home has private water and sewer systems that were inspected and approved by the local health authority (report on file). My on-site inspection verified that this 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 verification that the propane furnace and 2 water heaters were installed by a licensed heating contractor. This flame producing equipment is located in the basement 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. There is also an approved fire door with automatic self closing device at the top of the basement stairway. The facility is equipped with an approved interconnected, hardwire smoke detection system which was installed and tested by a qualified service (verification on file).

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' by 14'	140	1
2	11'9" by 13'	153	1
3	9'6" by 13'	123.5	1
4	11'7" by 10'3"	118.7	1
5	11'7" by 9'5"	109	1
6	11'7" by 10'1"	116.7	1

The living, dining, and sitting room areas measure a total of about 500 square feet of living space. This complies with the rule requiring a minimum of 35 square feet per occupant.

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

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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or traumatic brain injured in the least restrictive environment possible. 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. 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 a current statement from a registered nurse documenting his good health and current TB-tine negative results.

Mr. Bruns has extensive experience with providing adult foster care, and he 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 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 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’s program statement indicates direct care staff will be awake during sleeping hours.

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 small group home (capacity 6).

Kenneth Tindall

06/16/2014

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Leon M. Hale

06/16/2014

Leon M. Hale
Area Manager

Date