



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 29, 2014

Neela Bairagee and Jimmy Bairagee
8934 Maplewood Dr.
Berrien Springs, MI 49103

RE: Application #: AS110353244
Meadow Lane AFC
9035 Meadowlane
Berrien Springs, MI 49103

Dear Neela Bairagee and Jimmy Bairagee:

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 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,

Karen Hodge, Licensing Consultant
Bureau of Children and Adult Licensing
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS110353244

Applicant Name: Neela Bairagee and Jimmy Bairagee

Applicant Address: 8934 Maplewood Dr.
Berrien Springs, MI 49103

Applicant Telephone #: (269) 471-3749

Administrator/Licensee Designee: Jimmy Bairagee

Name of Facility: Meadow Lane AFC

Facility Address: 9035 Meadowlane
Berrien Springs, MI 49103

Facility Telephone #: (269) 471-3721

Application Date: 12/04/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

12/04/2013	Enrollment
12/06/2013	PSOR on Address Completed
12/06/2013	Inspection Report Requested - Health
12/06/2013	Contact - Document Sent Rules & Act booklets
12/06/2013	Application Incomplete Letter Sent Rec cl's & FP's for Neela & Jimmy Bairagee
01/08/2014	Application Incomplete Letter Sent Rec cl's & FP's for Neela & Jimmy
01/14/2014	Comment FP's for Jimmy & Neela
01/17/2014	Contact - Document Received Recl cl's for Jimmy & Neela
01/17/2014	Lic. Unit file referred for criminal history review Jimmy
01/23/2014	Application Complete/On-site Needed
01/29/2014	Application Incomplete Letter Sent
03/24/2014	Inspection Completed-Env. Health : A
04/25/2014	Inspection Completed On-site
05/01/2014	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Meadow Lane AFC is a ranch-style home in the Village of Berrien Springs. The home has been licensed as a small group home since 2010. It was previously licensed from 1997-2006. The home is currently owned by Neela Bairagee, joint applicant with her son, Jimmy Bairagee. Mr. Bairagee lives in the home and will provide direct care to residents and serve as administrator. Mrs. Bairagee has operated a foster home previously and has worked in foster care facilities owned by others. The home has municipal water and a private septic system. The septic system was inspected and approved by the Berrien County Health Department. Weekly trash service is provided

through an independent private service. The home is located in a residential area in close proximity to a private university as well as shopping, restaurants, a library, and other village amenities. The main floor of the home has approximately 1400 square feet of common area, four bedrooms and a full bathroom for resident use. There is a half-bath on the main level for staff and visitor use. The home has a fully equipped kitchen, and an open dining area large enough to seat all occupants at the same time. The home has a full basement with a separate kitchen area, three bedrooms, a full bath and a sitting area. The lower level is occupied by Jimmy Bairagee. The basement contains a separate heat plant behind a fully-stopped 1 ¾" solid wood core door. The basement also contains the laundry room and will not be regularly used by residents. The home has steps at the front door and the garage door and is not designed to accommodate residents who regularly utilize wheelchairs. The home has ten hard-wired smoke detectors with battery back-up; they are installed in each bedroom, the hallway, living room, kitchen, and furnace room. There are fire-extinguishers in each bedroom, the hallway, living room, kitchen, and furnace room.

The applicants indicate leisure activities will include local activities such as Day programs for seniors or for people involved with the local Community Mental Health, free college and school system programs, local parks, etc. The home is in the service area of two local public transportation systems. The providers will provide transportation to regular, local medical appointments.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4" X 13'4"	178	2
2	13'2" X 9'11"	130	1
3	11'9" X 9'8"	113	1
4	13'8" X 19'	260	2

The main level living, dining, and sitting room areas measure a total of 407 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 **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. 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 or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

The applicant intends to accept residents from Berrien County-DHS and Riverwood Mental Health Authority, or private individuals as a referral source. This home is willing to accept the state rate of payment.

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.

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. The applicant also has cash in savings and income from outside employment.

Jimmy Bairagee will serve as the Administrator and will be live-in staff. The home will be staffed by Jimmy, Neela, and Milton Bairagee with one person on duty at a time. Jimmy's wife will also provide direct care to residents in the future, once training is completed.

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

The applicants and administrator have 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 six-bed facility is adequate and includes a minimum of one- staff -to-six 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 not 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.

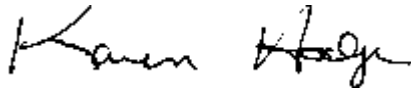
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 this Adult Foster Care Small Group Home be issued a temporary license for six months. (capacity 6)



04/29/2014

Karen Hodge
Licensing Consultant

Date

Approved By:



04/29/2014

Jerry Hendrick
Area Manager

Date