



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 29, 2014

Sonja Woodson
59 Greenwood Ave.
Battle Creek, MI 49017

RE: Application #: AF130344798
S & A Transitional Living
59 Greenwood Ave.
Battle Creek, MI 49037

Dear Ms. Woodson:

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 (616) 356-0100.

Sincerely,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF130344798
Applicant Name:	Sonja Woodson
Applicant Address:	59 Greenwood Ave. Battle Creek, MI 49017
Applicant Telephone #:	(269) 282-0742
Administrator/Licensee Designee:	N/A
Name of Facility:	S & A Transitional Living
Facility Address:	59 Greenwood Ave. Battle Creek, MI 49037
Facility Telephone #:	(269) 282-0742 07/02/2013
Application Date:	
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/02/2013	Enrollment
07/10/2013	Application Incomplete Letter Sent FP, 1326 applicant & responsible person, corrected application.
09/04/2013	Application Complete/On-site Needed
09/06/2013	Comment Application received in Grand Rapids
09/11/2013	Application Incomplete Letter Sent
10/22/2013	Inspection Completed On-site
08/09/2014	Contact - Document Received Medical clearances and heating plant inspection report received
09/03/2014	Inspection Completed On-site
09/11/2014	Contact - Document Received Verification received from licensee

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The house is a 2-story wood frame construction located at 59 Greenwood Ave., in the city of Battle Creek, Michigan. The house has 4 bedrooms and 1 full bathroom located on the 2nd story of the home; these will be resident bedrooms. One bedroom is a double occupancy room, and the other 3 are single occupancy. The licensee has a bedroom on the 1st floor. Also on the 1st floor are a living room, dining room, kitchen and a 3 season front porch. The home is not wheelchair accessible. The home has public water and sewer systems.

The gas furnace and water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in place to create floor separation. A furnace and water heater inspection was completed by Eric Dale Heating & Air Conditioning, Inc. on 03/24/2014. The inspection found both to be installed to code and in good working condition. The facility is equipped with battery powered single station smoke detectors that have been installed near sleeping areas, in the living room, and in the basement near the furnace. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9"x7'4"	86	1
2	11'9"x11'8" – 6'2"x2'	125	1
3	11'2"x11'3"	125	1
4	11'8"x11'3"	131	2

The living room and dining room areas measure a total of 388 square feet of living space. This complies with the 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory male and female residents, whose diagnosis is developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Calhoun County DHS, Summit Point CMH, or private pay individuals as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants. The applicant, Sonja Woodson, and responsible person, Verda Sherrod, submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five (5) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 5 bed family home, there is adequate supervision with 1 responsible person on-site for 5 residents. The applicant acknowledges that the number of responsible persons on-site 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 qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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 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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person(s) and volunteer(s).

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

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

The applicant was previously licensed for children's foster care, but closed her license on 09/23/2014 as she has no children in care.

D. Rules or Statutory Violations

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

IV. RECOMMENDATION

It is recommended that a temporary, six (6) month adult foster care family home license for five (5) residents be issued to this facility effective 09/29/2014.

Donna Konopka

09/26/2014

Donna Konopka
Licensing Consultant

Date

Approved By:

Leon M. Hale

09/29/2014

Leon M. Hale
Area Manager

Date