



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 11, 2014

Lorinda Anderson
Community Living Options
626 Reed Street
Kalamazoo, MI 49001

RE: Application #: AS390366234
Misty Creek
5452 Misty Creek
Kalamazoo, MI 49009

Dear Ms. Anderson:

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 #: AS390366234

Applicant Name: Community Living Options

Applicant Address: 626 Reed Street
Kalamazoo, MI 49001

Applicant Telephone #: (269) 343-6355

Administrator/Licensee Designee: Lorinda Anderson, Designee

Name of Facility: Misty Creek

Facility Address: 5452 Misty Creek
Kalamazoo, MI 49009

Facility Telephone #: (269) 343-6355

Application Date: 09/12/2014

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

09/12/2014	Enrollment
09/22/2014	Licensing unit file referred for criminal history review 1326 for Lorinda June Anderson
09/23/2014	Contact - Document Sent Rule & ACT Books
09/23/2014	File Transferred To Field Office Kalamazoo
10/02/2014	Application Incomplete Letter Sent
10/22/2014	Inspection Completed On-site
10/22/2014	Contact - Document Received Required facility documents.
11/05/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The applicant, Community Living Options (CLO), has a residential lease agreement with the owner of the property, Living Ways Foundation. On file is a copy of the rental agreement, proof of ownership, and permission from the owner for this home to be used for adult foster care and permission for BCAL to conduct necessary inspections.

This is a newly constructed ranch style house with full basement and attached 2-car garage located in a subdivision in Kalamazoo MI. Residents will occupy the main floor only. On file are copies of certificate of occupancy and final building, electrical and mechanical inspections done by the Charter Township of Texas Building Codes Department.

The main floor has a kitchen, pantry, mud room, staff office, living room, dining room, laundry room, 2 ½ bathrooms, and 6 resident bedrooms. The home is wheelchair accessible and has 3 approved means of egress from the main floor.

The home has public water and sewer and an on-site inspection verified compliance with rules pertaining to Environmental Health.

The home has an approved interconnected hard wired smoke detection system and a sprinkler system that were installed and inspected by a qualified service. The gas fired furnace and water heater were installed by licensed heating contractors and are located in the basement. Floor separation includes an approved self-closing fire door. An on-

site inspection verified this home is in substantial compliance with rules pertaining to fire safety.

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 10'	100	1
2	10' by 10'	100	1
3	10' by 10'	100	1
4	10' by 10'	100	1
5	10' by 10'	100	1
6	10' by 10'	100	1

The living, dining, and sitting room areas measure a total of 620 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Applicant CLO has numerous licensed adult foster care (AFC) homes in Kalamazoo County and those licenses are in all good standing with the department. The licensee designee and administrator for all CLO licensed AFC homes, including this application, is Lorinda Anderson. Medical, TB, and criminal record clearances for Ms. Anderson are on file. I reviewed and approved qualification requirements for Ms. Anderson who has extensive experience working with various populations in AFC settings.

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)** developmentally disabled, mentally ill, or aged adults. Both genders are accepted.

Emergency transportation is available by dialing 911. The facility will make provision for a variety of leisure and recreational equipment.

The applicant is Community Living Options, which is a "Non Profit Corporation" established in Michigan, on 07/13/2082. The applicant submitted financial information to demonstrate the financial capability to operate this adult foster care facility.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff to 6 residents during waking hours, and 1 staff to 6 residents during sleeping hours. 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 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.

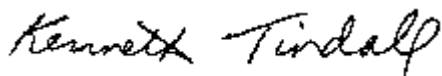
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 1-6).

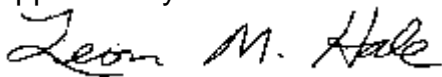


11/05/2014

Kenneth Tindall
Licensing Consultant

Date

Approved By:



11/05/2014

Leon M. Hale
Area Manager

Date