



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 8, 2014

Flora Shilu
706 Hickory Street
Niles, MI 49120

RE: Application #: AF110360803
Alex AFC Home
706 Hickory Street
Niles, MI 49120

Dear Mrs. Shilu:

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 4 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,

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 #:	AF110360803
Applicant Name:	Flora Shilu
Applicant Address:	706 Hickory Street Niles, MI 49120
Applicant Telephone #:	(269) 683-3049
Administrator/Licensee Designee:	N/A
Name of Facility:	Alex AFC Home
Facility Address:	706 Hickory Street Niles, MI 49120
Facility Telephone #:	(269) 683-3049 04/25/2014
Application Date:	
Capacity:	4
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/25/2014	Enrollment
04/30/2014	Public Sex Offender Registry check on Address Completed
04/30/2014	Contact - Document Sent Rules & Act booklets
04/30/2014	Licensing Unit file referred for criminal history review PSOR - Charles England
04/30/2014	Application Incomplete Letter Sent Received clearances & FP's Flora, received clearances on Bivian & Silvester
05/29/2014	Comment FP's (fingerprints) for Flora S.
06/10/2014	Contact - Document Received Received clearances for Flora, Bivian, & Silvester
06/10/2014	Licensing Unit file referred for criminal history review Bivian D.
06/11/2014	Application Incomplete Letter Sent Proof of legal residence for Bivian.
06/17/2014	Contact - Document Received Proof of legal residency for Bivian
06/17/2014	Application Complete/On-site Needed
08/12/2014	Application Incomplete Letter Sent
08/29/2014	Inspection Completed On-site
08/29/2014	Inspection Completed-BCAL Sub. Compliance
09/05/2014	Inspection Completed-BCAL Full Compliance
09/08/2014	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Alex AFC Home is a two-story, wood-frame structure within Niles city limits. The home is owned by Flora Shilu and her husband Bivian Shilu and Mrs. Shilu's mother, Nelima Hazra. The home was previously licensed as a small group home. The applicant lives in the home with her husband and adult son. The home is in a residential area with paved sidewalks with a large commercial district within close proximity. The home is duplex style, divided horizontally. The main floor on the resident (west) side of the home contains the living room, dining room, one bedroom, a fully equipped kitchen, a full bathroom and a covered porch at the back. The upper level of the home contains two bedrooms and a full bathroom. The family (east) side of the home contains a fully equipped kitchen, private living room, dining area, and bedrooms that will be utilized by the licensee and her family. There are also two additional bedrooms and a full bathroom at the back of family side of the home that are currently unused. The entrance to the basement of the home is located in the kitchen of the licensee/family side of the home and is equipped with a 1-3/4" solid core wood door with a self-closing device. The gas-fired water heater and furnace are contained in the basement and the basement is not intended for resident use. The home is not wheelchair accessible. There are two approved means of egress from the resident side of the home, the front (north) side and the back (south) side. The home utilizes public water and sewage systems and has weekly, municipal trash service.

The facility is equipped with an interconnected smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home and were charged at inspection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	6'5"X6'9" + 10'6"X10'6"	153	2
2	11'3"X9'2"	103	1
3	11'X8'9"	96	1

The living and dining room areas measure a total of 249 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is developmentally disabled, physically impaired, aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Berrien County-Department of Human Services, Berrien County Community Mental Health, Berrien County courts or private pay individuals as a referral source.

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, 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 applicant, spouse/responsible person and son/responsible person. The applicant and responsible persons submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The applicant(s) have 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 four (4) 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 four-bed family home, there is adequate supervision with one responsible person on-site –for- four residents. The applicant acknowledges that the number of responsible persons on-site –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 qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicant does not intend to have employees.

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(s), 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.

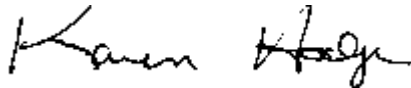
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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.

III. RECOMMENDATION

I recommend issuance of a temporary license for this Adult Foster Care Family Home. (capacity 4)



09/08/2014

Karen Hodge
Licensing Consultant

Date

Approved By:



09/08/2014

Leon M. Hale
Area Manager

Date