



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

April 10, 2015

Yvonne Aninure  
323 E. Glenguile  
Kalamazoo, MI 49004

RE: Application #: AF390372784  
Anikare  
323 E. Glenguile  
Kalamazoo, MI 49004

Dear Mrs. Aninure:

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 3 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,

A handwritten signature in cursive script that reads "Kenneth Tindall".

Kenneth Tindall, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390372784
<b>Applicant Name:</b>	Yvonne Aninure
<b>Applicant Address:</b>	323 E. Glenguile Kalamazoo, MI 49004
<b>Applicant Telephone #:</b>	(269) 381-5414
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Anikare
<b>Facility Address:</b>	323 E. Glenguile Kalamazoo, MI 49004
<b>Facility Telephone #:</b>	(269) 381-5414
<b>Application Date:</b>	02/05/2015
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/05/2015	Enrollment
02/10/2015	Lic. Unit file referred for criminal history review Yvonne Aninure
02/11/2015	Contact - Document Sent Rule & ACT Books
02/11/2015	File Transferred To Field Office Kalamazoo
02/18/2015	Application Incomplete Letter Sent
02/25/2015	Contact - Document Received Proof of ownership etc from applicant via mail
03/02/2015	Contact - Telephone call made Left message with applicant to schedule on-site inspection.
03/13/2015	Inspection Completed On-site
03/13/2015	Inspection Completed-BCAL Sub. Compliance
03/13/2015	Application Complete/On-site Needed
04/10/2015	Inspection Completed On-site
04/10/2015	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

This ranch walk-out with attached 2-car garage is located in residential neighborhood in Parchment MI. On file is verification that Applicant Yvonne Aninure and her husband own this property. Also on file is written permission from the husband to have an adult foster care business and BCAL to conduct necessary inspections at this home.

The main floor has 3 resident bedrooms, office, dining room, living room and kitchen. Residents will occupy the main floor only. The lower walk-out level will be occupied by the applicant and her husband and minor child. It is not wheelchair accessible.

On-site inspections verified that this home is in substantial compliance with rules pertaining to Environmental Health. It has public water and sewer.

On-site inspections verified compliance with rules pertaining to fire safety. A gas-fired forced air furnace, electric water heater and clothes washer/dryer are located in the lower level. On file is verification the furnace was inspected and approved by a qualified service. Floor separation to the lower level includes an approved self-closing fire door that has positive latching hardware. Battery operated smoke detectors are located in all required areas. The applicant submitted a written/signed statement that the wood burning fireplace located in the main floor living room will not be used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.5' by 11'9"	112	1
2	9'9" by 11' 8"	122	1
3	12' by 9.5'	122	1

The living, dining, and sitting room areas measure a total of 480 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 **three (3)** 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 three (3) ambulatory residents, whose diagnosis is aged, mentally ill, developmentally disabled, alzheimer's, and traumatic brain injured.

Emergency transportation is available by dialing 911. Other transportation services can be specified in the resident care agreements.

**C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant (s). The applicant and a responsible person 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, savings and employment outside of adult foster care.

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 three (3) 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 3 bed family home, there is adequate supervision with 1 responsible person on-site for 3 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 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](http://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(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.

#### **D. Rules or Statutory Violation**

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 family home (capacity 3).

*Kenneth Tindall*

04/10/2015

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Kenneth Tindall  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

04/10/2015

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Jerry Hendrick  
Area Manager

Date