



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

June 29, 2015

Shirley Lee
715 East Vine Street
Kalamazoo, MI 49001

RE: Application #: AS390346643
Ronna's Relaxation Home
717 East Vine Street
Kalamazoo, MI 49001

Dear Ms. Lee:

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 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

License #:	AS390346643
Applicant Name:	Shirley Lee
Applicant Address:	715 East Vine Street Kalamazoo, MI 49001
Applicant Telephone #:	(269) 382-4612
Administrator/Licensee Designee:	N/A
Name of Facility:	Ronna's Relaxation Home
Facility Address:	717 East Vine Street Kalamazoo, MI 49001
Facility Telephone #:	(269) 382-4612
Application Date:	08/08/2013
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

08/08/2013	Enrollment
08/20/2013	Contact - Document Sent Rule & ACT books
08/20/2013	Application Incomplete Letter Sent Page 2 sent back for completion and Fingerprint for Shirley
08/28/2013	Contact - Document Received Completed Application and Fingerprint/1326 for Shirley Lee
08/28/2013	Lic. Unit file referred for criminal history review Shirley Lee
09/23/2013	Application Complete/On-site Needed
09/23/2013	File Transferred To Field Office Kalamazoo
10/07/2013	Application Incomplete Letter Sent
11/08/2013	Inspection Completed On-site
11/08/2013	Inspection Completed-BCAL Sub. Compliance
06/17/2015	Inspection Completed On-site
06/24/2015	Inspection Completed On-site
06/24/2015	Inspection Completed-BCAL Full Compliance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

On file is copy of lease, proof of ownership, and written permission from the owner that the applicant uses this property for adult foster care and the department conducts necessary on-site inspections.

This is a two story wood framed house with unfinished basement. The 1st floor has 2 resident bedrooms, dining room, 1 full bathroom, kitchen, living room and utility room. The 2nd floor has ½ bathroom, 1 bathing room, 2 resident bedrooms, living room, sitting room, and a storage room. No one occupies the basement. This home is not wheelchair accessible.

The home has public water and sewer. My on-site inspections verified substantial

compliance with rules pertaining to environmental health.

My on-site inspections verified this home is in substantial compliance with rules pertaining to Fire Safety. The basement has a gas-fired furnace and water heater. On file is verification the furnace and water heater were inspected and approved by a qualified service. A 1 ¾ inch solid wood core door equipped with an automatic self-closing device and positive latching hardware is located at the top of stairs leading to the basement. The facility is equipped with a wireless interconnected smoke detection system. Fire extinguishers are located on both occupied floors and the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' by 10'	120	1
2	9.5' by 9.5'	90	1
3	9.5' by 13'3"	126	1
4	13'3" by 13.5'	179	2

The living, dining, and sitting room areas measure a total of 465 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 **five (5)** 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 as written. The applicant intends to provide 24-hour supervision, protection and personal care to **five (5)** female ambulatory adults who are aged, mentally ill or developmentally disabled.

Public and emergency (911) transportation is available. The applicant's program statement indicates transportation will be provided to local appointments and additional transportation services can be negotiated in the resident care agreements.

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 application, credit report and the budget statement submitted to operate the adult foster care facility.

Applicant Shirley Lee will be the Licensee and Administrator of the facility. Ms. Lee

has operated an Adult Foster Care Family home for many years.

A licensing record clearance request was completed and approved for Ms. Lee. Ms. Lee also submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Lee has 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 5 bed facility is adequate and includes a minimum of 1 staff –to- 5 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 acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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.

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).

Kenneth Tindall

06/29/2015

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/29/2015

Jerry Hendrick
Area Manager

Date