



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

October 7, 2015

Meagan Frye  
50253 M-51 N  
Dowagiac, MI 49047

RE: Application #: AM140370654  
A Place Called Home  
50253 M-51 N  
Dowagiac, MI 49047

Dear Ms. Frye:

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 10 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) 356-0584.

Sincerely,

A handwritten signature in black ink that reads "Susan Gamber".

Susan Gamber, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 762-2146

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM140370654
<b>Licensee Name:</b>	Meagan Frye
<b>Licensee Address:</b>	50253 M-51 N Dowagiac, MI 49047
<b>Licensee Telephone #:</b>	(269) 783-4585
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	A Place Called Home
<b>Facility Address:</b>	50253 M-51 N Dowagiac, MI 49047
<b>Facility Telephone #:</b>	(269) 783-4585
<b>Application Date:</b>	01/07/2015
<b>Capacity:</b>	10
<b>Program Type:</b>	MENTALLY ILL AGED

## II. METHODOLOGY

12/03/2014	Inspection Completed-Env. Health : A
01/07/2015	On-Line Enrollment
01/08/2015	Inspection Report Requested - Health 1023833
01/08/2015	Inspection Report Requested - Fire
01/08/2015	Contact - Document Sent Fire Safety String & Rule & ACT Books
03/03/2015	Comment advised applicant to send 1326A to LU to get application to field
03/16/2015	Contact - Document Received 1326/Fingerprint for Meagan Frye
03/16/2015	File Transferred To Field Office Kalamazoo
03/31/2015	Application Incomplete Letter Sent
06/02/2015	Inspection Completed On-site
08/12/2015	Inspection Completed-Fire Safety : A
08/26/2015	Contact - Telephone call made to applicant
09/16/2015	Inspection completed on-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is an older two story wood frame home located in a rural area about five miles from Dowagiac. Even though the home is in a rural area it is located on a heavily trafficked road. The home is surrounded by a tall chain link fence; the gate is not locked. The applicant has stated that at this point she does not want to operate a locked facility and understands that in order to do so she would need to receive approval for a variance to R 400.14304 (1) (b).

This facility is presently licensed to another entity which will close their license when the current applicant is licensed.

All resident bedrooms and bathrooms are located on the ground floor. The second story is private living quarters where the applicant currently resides. The home has five resident bedrooms that can each accommodate two residents. Three bedrooms have private bathrooms and one communal bathroom is available. Bathrooms are not barrier free but the home has ramps to accommodate individuals who may use wheelchairs on an occasional basis.

The main floor contains a large living room as well as kitchen and separate dining room.

The home has private water and septic systems. The Cass County District Health Department inspected the facility on December 3, 2014 and gave an “A” rating, indicating substantial compliance with applicable rules.

Because this facility is licensed for more than six residents a fire safety inspection was conducted by the Bureau of Fire Safety. On August 12, 2015 BFS gave approval to this facility. BFS will inspect as a new facility on the next scheduled inspection.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Feet	Total Resident Beds
1	14'8" x10' 10"	161	2
2	14'8" x10'8"	160	2
3	20' x11'	220	2
4	19'x11'	209	2
5	13'9" x15'5"	213	2

The living, dining, and sitting room areas measure a total of 429 square feet living space which exceeds the minimum of 35 square feet of occupant requirement.

## **B. Program Description**

The 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 ten (10) male or female adults who are aged and may have accompanying physical illnesses. She will also accept aged individuals who have a diagnosis of mental illness, or middle aged (40 and above) individuals with a diagnosis of mental illness but with similar needs to the aged population and no symptoms or behaviors that would pose a danger to aged individuals. The applicant intends to accept residents from Cass County DHHS and Woodlands Behavioral Health (Cass County). The applicant is willing to accept residents funded through MICHoice.

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, and the responsible agency.

The licensee will provide transportation as specified in the resident care agreement and will make provisions for a variety of leisure and recreational activities.

### **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 credit report and the budget statement submitted to operate the adult foster care facility.

A fingerprint background check was completed with no convictions recorded for the applicant/administrator. The applicant submitted a medical clearance request with statements from a physician documenting her good health and current TB tine negative results.

The applicant submitted documentation of at least one year experience working with the aged and mentally ill populations, including those with medical needs.

The staffing pattern for the 10 bed facility is adequate and includes a minimum of 1 staff to 10 residents. 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 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](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 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 or 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 All BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee 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 is in compliance with the licensing act and applicable administrative rules at the time of licensure. Quality of care rules will be evaluated once a license is issued and residents are in care.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care medium group home (capacity 10).



October 7, 2015

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Susan Gamber  
Licensing Consultant

Date

Approved By:



10/7/15

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Betsy Montgomery  
Area Manager

Date