



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

November 30, 2015

Doretha Meek
881 Saint Joseph Road
Burr Oak, MI 49030

RE: Application #: AF120379052
Dee's AFC
881 Saint Joseph Road
Burr Oak, MI 49030

Dear Mrs. Meek:

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 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 (517) 284-9720.

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

License #:	AF120379052
Applicant Name:	Doretha Meek
Applicant Address:	881 Saint Joseph Road Burr Oak, MI 49030
Applicant Telephone #:	(269) 689-8210
Administrator/Licensee Designee:	N/A
Name of Facility:	Dee's AFC
Facility Address:	881 Saint Joseph Road Burr Oak, MI 49030
Facility Telephone #:	(269) 689-8210 08/11/2015
Application Date:	
Capacity:	4
Program Type:	AGED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/11/2015	Enrollment
08/14/2015	PSOR on Address Completed
08/14/2015	Inspection Report Requested - Health Invoice #1024663
08/14/2015	Contact - Document Sent Rules & Act booklets
08/14/2015	Application Incomplete Letter Sent Finger Prints for Doretha
08/19/2015	Comment Finger Prints for Doretha
09/09/2015	Inspection Completed-Environmental. Health : A
09/09/2015	Application Incomplete Letter Sent
10/19/2015	Inspection Completed On-site
11/20/2015	Application Complete/On-site Needed
11/20/2015	Inspection Completed On-site
11/20/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single story ranch style home with full basement located in a rural area. Residents will not occupy or utilize the basement. Resident and licensee bedrooms, bathrooms, kitchen and living areas are all located on the main floor. The applicant resides in the home with her spouse.

This home has two resident bedrooms, one with a master bathroom. A full bathroom is located in the hallway next to the second resident bedroom. The applicant's bedroom is located in the back of the house. The laundry area is also located on the main floor.

This facility is not wheelchair or handicapped accessible.

This rural home has a private water supply and sewage disposal system. On August 24, 2015 the Branch-Hillsdale-St Joseph Community Health Agency Environmental Health Section gave this facility an “A” rating indicating substantial compliance with applicable rules.

The furnace and hot water heater are located in the basement with a fire rated door equipped with an automatic self-closing device and positive latching hardware. Battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, and in the basement near the furnace

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'x11'	132	2
2	12'x11'	132	2

The living room measures a total of 287square 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 **four (4)** 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 four (4) ambulatory residents, who are aged or developmentally disabled. The applicant will accept individuals who are ambulatory and who may require partial assistance with self-care tasks. The applicant intends to accept residents from Branch or St. Joseph county DHHS and CMH agencies, or private pay individuals, as a referral source.

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, or the responsible person.

Public transportation is not available at this location and the applicant is willing to assist with transportation.

C. Applicant and Responsible Person Qualifications

A finger print background check was completed for the applicant with no convictions. A LEIN background check was completed on the household member/responsible person with no LEIN convictions. The applicant and responsible person submitted 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 along with outside employment and savings.

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 4 bed family home, there is adequate supervision with 1 responsible person on-site for 4 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) 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

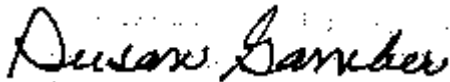
The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with quality of care rules will be evaluated once a temporary license is issued and residents are in care

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 4).

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.



November 30, 2015

Susan Gamber
Licensing Consultant

Date

Approved By:



November 30, 2015

Ardra Hunter
Area Manager

Date