



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

December 10, 2015

Wesley Abraham
10099 Rangeline Road
Berrien Springs, MI 49103

RE: Application #: AF110377894
YAHWEH
10099 Rangeline Road
Berrien Springs, MI 49103

Dear Mr. Abraham:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Karen Hodge".

Karen Hodge, Licensing Consultant
Bureau of Community and Health Systems
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110377894
Licensee Name:	Wesley Abraham
Licensee Address:	10099 Rangeline Road Berrien Springs, MI 49103
Licensee Telephone #:	(269) 921-6697
Administrator/Licensee Designee:	N/A
Name of Facility:	YAHWEH
Facility Address:	10099 Rangeline Road Berrien Springs, MI 49103
Facility Telephone #:	(269) 921-6697 06/02/2015
Application Date:	
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/01/2015	Contact - Document Received FP's for Wesley
06/02/2015	On-Line Enrollment
06/03/2015	PSOR on Address Completed
06/03/2015	Inspection Report Requested - Health Inv. #1024329
06/03/2015	Contact - Document Sent Rules & Act booklets
06/03/2015	Application Incomplete Letter Sent Rec cl & FP's for Wesley; rec cl for Sophia (RP)
06/03/2015	Application Incomplete Letter Sent Rec cl for Sophia (RP)
06/05/2015	Contact - Document Received Rec cl for Wesley
06/29/2015	Contact - Document Received Rec cl for Sophia, RP
06/30/2015	Application Complete/On-site Needed
07/07/2015	Application Incomplete Letter Sent
08/31/2015	Inspection Completed-Env. Health : A
11/04/2015	Inspection Completed On-site
11/06/2015	Inspection Completed-BCAL Sub. Compliance
12/08/2015	Inspection Completed-BCAL Full Compliance
12/08/2015	Recommend License Issuance
12/10/2015	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

YAHWEH is a two-story wood frame home in a rural area of Berrien Springs. The home is located on a two-lane road in close proximity to a two-lane highway. The home has natural vegetation and is on the side of a hill overlooking a creek. The resident area of the home has five bedrooms approved for resident occupancy; two for double occupancy and one for single occupancy. There is an additional bedroom that is not approved for resident occupancy as there is no window to the outside. The lower level has a fully-equipped kitchen, a full bathroom for shared use and a large common area. The dining area is large enough for five residents to be seated at one time and can also be used for activities. There is a large deck on the east side of the home which can be utilized by residents. The licensee and caregiver occupy the upper level of the home which has several bedrooms, a large common area, a bathroom and fully equipped kitchen. The home is not wheelchair accessible due to steps into the sunken living room/common area and at the main entrance. Emergency egress from the first floor is through the door at the dining area and through the utility room. The home has a private water system through an on-site well and a private septic system both of which were inspected and approved by the local Health Department.

The home has a hot-water boiler system and an electric water heater located in the utility room of the lower level. Battery powered, single station smoke detectors have been installed near sleeping areas, in the living rooms, and in the kitchens. Fire extinguishers are installed on each floor of the home.

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	11X15	166	2
3	8.5X9	77	1

The living, dining, and sitting room areas measure a total of 372 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

The applicant(s) intends to provide 24-hour supervision, protection and personal care in addition to room and board to five (5) ambulatory residents, whose diagnosis is aged, developmentally disabled or mentally ill. The licensees will provide limited transportation to some local appointments by prior arrangement. Residents can also utilize public transportation; ambulance services are available for emergencies. The applicant intends to accept residents from Berrien County DHHS and other public sources and will accept private or public sources of payment.

In addition to the above elements, residents are able to utilize local community resources including the public schools and library, local restaurants and shopping centers.

C. Applicant and Responsible Person Qualifications

The applicant, Wesley Abraham, is a CAN with experience in nursing home care. His wife and the responsible person, Sophia Abraham, is an R.N. BSN with home care certification and she will be assisting in the care of residents. A criminal background check of the applicant was satisfactory. The applicant and responsible person submitted documents 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 five (5) 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 five-bed family home, there is adequate supervision with one responsible person on-site for five 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 closet 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.

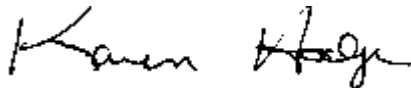
The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

D. Rules or Statutory Violations

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

RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 5).



12/10/2015

Karen Hodge
Licensing Consultant

Date

Approved By:



12/10/2015

Ardra Hunter
Area Manager

Date