



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

March 28, 2016

Bulu Halder
1637 Colfax Avenue
Benton Harbor, MI 49022

RE: Application #: AF110380663
Seven Gables A.F.C. Home
1637 Colfax Avenue
Benton Harbor, MI 49022

Dear Ms. Halder:

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 6 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 #:	AF110380663
Applicant Name:	Bulu Halder
Applicant Address:	1637 Colfax Avenue Benton Harbor, MI 49022
Applicant Telephone #:	(269) 927-2680
Administrator/Licensee Designee:	N/A
Name of Facility:	Seven Gables A.F.C. Home
Facility Address:	1637 Colfax Avenue Benton Harbor, MI 49022
Facility Telephone #:	(269) 927-2680
Application Date:	12/02/2015
Capacity:	6
Program Type:	Aged, Mentally Ill, Developmentally Disabled

II. METHODOLOGY

12/02/2015	Enrollment
12/09/2015	PSOR on Address Completed
12/09/2015	Contact - Document Sent Rules & Act booklets
12/09/2015	Application Incomplete Letter Sent Prior names for Bulu; pg 2 #49; rec cl's for Gilber & Glenn
12/18/2015	Contact - Document Received Rec cl for Bulu w/prior name; rec cl for Smita rec'd 12/9/15 as RP
12/18/2015	Contact - Document Received Pg 2 w/box 49 completed; Bulu will send in 1326's for husband & son once they arrive
02/16/2016	Application Incomplete Letter Sent
03/08/2016	Application Complete/On-site Needed
03/09/2016	Inspection Completed On-site
03/09/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Seven Gables AFC Home is an older two-story wood-frame home on a busy residential street outside the city limits of Benton Harbor. The home is in close proximity to schools and businesses as well as the local hospital. The upper level of the home has four bedrooms; two for double occupancy and two for single occupancy. The upper level has a large common room for resident use. There is a full bathroom on the upper level for resident use. The main level of the home has a bedroom and bathroom for the licensee and the licensee's family. Smita Halder is the licensee's adult daughter who is a member of the household and responsible person. The main level also has a fully-equipped kitchen, dining room, living room, covered and enclosed porch and entry to the basement. The basement will not be utilized by residents except in a weather emergency. The home is not wheelchair accessible due to steps at the back door and because resident rooms are on the second floor; residents will need to ambulate independently. There are two means of egress from the main level of the home to the outside. This home has been operated as a family adult foster care home by several different licensees and Mrs. Halder has a land contract for purchase. The home has public water and sewage systems and municipal trash services. The licensee, Bulu

Halder, will be the primary caregiver to residents with the assistance of Smita Halder. Mrs. Halder does not intend to utilize any paid staff.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid-core door equipped with an automatic self-closing device and positive-latching hardware. The home has battery powered, single station smoke detectors which have been installed near sleeping areas, in the living room, and in the basement. Fire extinguishers are installed on each floor of the home and are fully charged. Laundry appliances are located in the basement and laundry will be done by Mrs. Halder.

Resident bedrooms were measured during the on-site inspection and meet the requirements for a minimum of 65 SF per person. The living, dining, and sitting room areas exceed the minimum requirements for living space for eight occupants.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Mrs. Halder intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose are aged, mentally ill, or developmentally disabled. Several of the residents have lived in the home for an extended period with the previous licensee and have chosen to remain with Mrs. Halder. Mrs. Halder intends to accept residents from Berrien County DHHS, Berrien County CMH, or other local referral sources.

C. Applicant and Responsible Person Qualifications

A licensing record clearance was conducted for both Bulu Halder and Smita Halder and they are of good moral character. Mrs. Halder and Ms. Halder submitted medical clearances from a physician documenting their good health and current negative TB results.

Mrs. Halder 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 her husband's outside employment and available savings or cash.

Mrs. Halder acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home.

The supervision of residents in this family home licensed for six (6) 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.

Mrs. Halder has indicated that for the original license of this six-bed family home there is adequate supervision with either the licensee or one responsible person on site for six residents. Mrs. Halder acknowledges that the ratio of responsible persons on-site to residents will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Mrs. Halder acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Mrs. Halder acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Mrs. Halder 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.

Mrs. Halder acknowledges her 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. Mrs. Halder acknowledges her responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each employee, should she have any, the licensee, responsible person and any volunteers.

Mrs. Halder 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.

Mrs. Halder acknowledges her 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.

Mrs. Halder acknowledges her 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.

Mrs. Halder acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mrs. Halder 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 her.

Mrs. Halder acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. Mrs. Halder indicated that it is their intent to achieve and maintain compliance with these requirements.

Mrs. Halder 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. Mrs. Halder has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

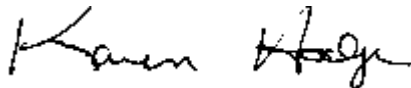
Mrs. Halder acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

D. Rules or Statutory Violations

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

RECOMMENDATION

I recommend this a temporary license be issued for this Adult Foster Care Family Home. (capacity 6)



03/24/2016

Karen Hodge
Licensing Consultant

Date

Approved By:



3/28/16

Betsy Montgomery
Area Manager

Date