



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 22, 2016

Everlyne Ajowi
2689 E. Snow Rd.
Berrien Springs, MI 49103

RE: Application #: AF110380176
Amani Foster Care
2689 E. Snow Rd
Berrien Springs, MI 49103

Dear Ms. Ajowi:

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 #:	AF110380176
Licensee Name:	Everlyne Ajowi
Licensee Address:	2689 E. Snow Rd Berrien Springs, MI 49103
Licensee Telephone #:	(269) 473-2510
Administrator/Licensee Designee:	N/A
Name of Facility:	Amani Foster Care
Facility Address:	2689 E. Snow Rd Berrien Springs, MI 49103
Facility Telephone #:	(269) 473-2510
Application Date:	10/29/2015
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

10/29/2015	On-Line Enrollment
11/02/2015	PSOR on Address Completed
11/02/2015	Contact - Document Sent Rules & Act booklets
11/02/2015	Application Incomplete Letter Sent
04/25/2016	Contact - Document Received
04/26/2016	Licensing Unit referred file for criminal history review
04/29/2016	Application Incomplete Letter Sent
05/13/2016	Inspection Completed-BCAL Sub. Compliance
05/13/2016	Application Incomplete Letter Sent
05/16/2016	Application Incomplete Letter Sent
06/02/2016	Contact - Document Received
07/12/2016	Inspection Completed – Environmental Health
07/18/2016	Inspection Completed-BCAL Full Compliance
07/18/2016	Recommend Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Amani Foster Care is a two-story wood-frame, farm-style home in a rural setting, surrounded by farmland and residences. There are five resident bedrooms on the main level for six residents; one for double occupancy and four for single occupancy. There is one full bath suitable for assisted showers and one bath between two bedrooms for shared use on the main level. There is an additional half-bath for staff and visitors. The upstairs of the home is the providers' private quarters and will not be accessed by residents or staff. There is a full bathroom upstairs for the providers' use. The main level has a large living area with combined dining area, kitchen, pantry and laundry facilities. There are two exits from the main level of the home, one which is wheelchair accessible that is equipped with a ramp from the main door toward the driveway. The

home has community water service and a septic system that was recently approved by the health department.

The home has a gas water heater and a water furnace located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. Bedrooms have electric baseboard heating. The facility is equipped with battery powered, single station smoke detectors installed near sleeping areas, in the living room, in the basement near the furnace, and in the private quarters. 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	15' X 11'6"	183	1
2	15' X 8'4"	125	1
3	13' X 8'7"	119	1
4	8'7" X 11'10"	101	1
5	13'5" X 20'4"	273	2

The common/shared area of the home exceeds the minimum of 35 square feet per occupant requirement.

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

The applicant intends to provide 24-hour supervision, protection and personal care to six residents, who are aged. The applicant intends to accept residents from a variety of referral sources and will require private payment from residents.

The licensee will provide a minimum of one person to six residents by either the licensee or paid staff.

C. Rule/Statutory Violations

A background check was completed; no criminal convictions were recorded for the applicant. The applicant and responsible person each submitted a 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.

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 six (6) residents will be the responsibility of the family home applicant and hired staff, 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 six-bed family home, there is adequate supervision with one responsible person on-site –for- six 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 and agrees to respect and safeguard these 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 6).



07/21/2016

Karen Hodge
Licensing Consultant

Date

Approved By:



7/22/16

Betsy Montgomery
Area Manager

Date