



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 27, 2017

Frida Boyd
3502 West Main Street
Kalamazoo, MI 49006

RE: Application #: AS390383907
Suji Home
315 N. Sage St.
Kalamazoo, MI 49006

Dear Ms. Boyd:

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 "Donna Konopka".

Donna Konopka, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390383907
Applicant Name:	Frida Boyd
Applicant Address:	3502 West Main Street Kalamazoo, MI 49006
Applicant Telephone #:	(269) 207-5965
Administrator/Licensee Designee:	Frida Boyd
Name of Facility:	Suji Home
Facility Address:	315 N. Sage St. Kalamazoo, MI 49006
Facility Telephone #:	(269) 341-4337
Application Date:	07/19/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/19/2016	Enrollment
07/26/2016	Contact - Document Sent Rule & ACT Books
07/26/2016	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Frida Boyd and 1326 for Jackline Andrew (AHM)
08/16/2016	Contact - Document Received 1326/Fingerprint/RI 030 for Frida Boyd
08/17/2016	Application Incomplete Letter Sent Jackline Andrew's 1326 sent back for completion
08/26/2016	Contact - Document Received 1326 for Jackline Andrew
08/31/2016	File Transferred To Field Office Kalamazoo
09/08/2016	Comment Forwarding enrollment to licensing consultant, D. Konopka in Kalamazoo
09/22/2016	Application Incomplete Letter Sent
10/28/2016	Contact - Document Received
11/17/2016	Contact - Face to Face Met with applicant to discuss policies.
12/28/2016	Inspection Completed On-site
01/10/2017	Contact – Document Received
01/10/2017	Application Complete/On-site needed
01/13/2017	Inspection Completed On-site
01/23/2017	Contact – Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home with a full walkout lower level located in a residential neighborhood. At one time the structure had 4 rental units. A previous licensee removed a center wall and converted the main floor into one a single house. The lower level remains divided into two units with a common area for laundry, furnace and mechanicals. The main floor has five bedrooms for single occupancy, two full bathrooms, dining room, living room and a full kitchen. The lower level has one bedroom that will be a resident bedroom, with a full bath and a sitting area specifically for that bedroom. The second half of the lower level contains a bedroom for potential live-in staff and a large meeting room for resident activities/meetings.

The facility has only one exit at ground level on the main floor and two exits at ground level on the lower level. Due to the need for individuals on the main level to navigate stairs in order to exit the facility, this facility is only appropriate for individuals who are fully ambulatory and for whom stairs are not an issue. The lower level could house a non-ambulatory resident with minor modifications.

The home utilizes the public water and sewage or septic system in the city of Kalamazoo.

The gas furnace and two water heaters are located in a fire rated enclosure in the basement of the home. Floor separation is achieved with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The home's two water heaters were inspected on 01/03/2017 by Adams Heating & Cooling and were found to be in good working condition. Adams Heating & Cooling conducted a furnace inspection on 01/13/2017 and found the furnace to be safe and operational.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. G & L Maintenance, LLC inspected the smoke detection system on 01/06/2017. They made repairs as needed to found the smoke detection system to be in good working order.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'5" x 12'8"	131	1
2	11'8" x 8'8"	101	1
3	16'6" x 7'5"	122	1
4	11'6" x 8'11"	102	1

5	12'8" x 10'5"	131	1
6 LL	11' x10'	110	1

The main floor living and dining room areas measure a total of 434 square feet of living space. The lower level bedroom has a sitting room that measures 140 square feet. This 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

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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired and ambulatory physically handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from Kalamazoo County CMH 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, and the responsible agency.

The licensee will provide all transportation as identified in the Resident Care Agreement for each resident. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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. The applicant also has cash in savings and income from the applicant's current outside employment.

A criminal history background check on the applicant/administrator determined her to be of good moral character and eligible for the provision of adult foster care. The applicant/administrator has submitted a statement from a physician documenting her good health and current TB-tine negative results.

The applicant/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant has worked in AFC homes that provided care to the mentally ill and developmentally disabled, and currently is employed at a local nursing home.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. 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 the residents. The applicant has indicated that direct care staff will 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) 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 for 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 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 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 was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care (small or large) group home (capacity 6).

Donna Konopka

01/24/2017

Donna Konopka
Licensing Consultant

Date

Approved By:

Betsy Montgomery

1/27/17

Betsy Montgomery
Area Manager

Date