



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 29, 2017

Gary White
875 U. Dr. North
Battle Creek, MI 49017

RE: Application #: AF130384534
Allison Acres
875 U. Dr. North
Battle Creek, MI 49017

Dear Mr. White:

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 3 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 blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF130384534
Applicant Name:	Gary White
Applicant Address:	875 U. Dr. North Battle Creek, MI 49017
Applicant Telephone #:	(269) 962-2089
Name of Facility:	Allison Acres
Facility Address:	875 U. Dr. North Battle Creek, MI 49017
Facility Telephone #:	(269) 962-2089
Application Date:	08/18/2016
Capacity:	3
Program Type:	AGED

II. METHODOLOGY

08/18/2016	Enrollment
08/23/2016	PSOR on Address Completed
08/23/2016	Contact - Document Sent Rule & ACT Books
08/23/2016	Application Incomplete Letter Sent Page 3 of application sent back for completion, RI 030 for Gary and 1326's for Ronnie Hogan (Responsible Person) & Janet Schaefer (AHM)
08/31/2016	Contact - Document Received Completed Application, RI 030 form for Gary White and 1326's for Janet Schaefer and Ronnie Hogan
08/31/2016	Lic. Unit file referred for background check review 1326 for Gary White
08/31/2016	Application Incomplete Letter Sent GMC Letter sent for Gary White.
10/04/2016	File Transferred To Field Office Lansing
10/18/2016	Application Incomplete Letter Sent
10/18/2016	Inspection Report Requested - Health Inv. #1026264 per consultant
10/24/2016	Inspection Completed- Env.Health 'A'
11/21/2016	Contact - Document Received Via Fax: BCAL 3704-AFC was recvd. at Central office. Forwarded to consultant.
02/16/2017	Inspection Completed-BCAL Sub. Compliance
02/16/2017	Confirming letter sent.
02/17/2017	Documents received.
03/01/2017	Documents received.

03/16/2017 Documents received.

03/16/2017 Inspection Completed- BCAL Full Compliance- all documents required received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Allison Estates is a ranch style home on a cement slab located north of Battle Creek in a rural setting. The property is owned by the applicant Gary White. On file is proof of property ownership. Mr. White and responsible person Janet Schaefer are occupants of the home. To the right side of the home's entrance is a full bathroom and two non-resident bedrooms. To the left side of the home's entrance, is the home's open dining room and kitchen. Off of the dining room and kitchen is a hallway leading to the home's large front sun room, second full bathroom, utility room, two resident bedrooms and three closets. The home is wheelchair accessible and has at least one approved means of egress.

An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules. On file is a Calhoun County Public Health Department report verifying that the home's private water and sewer systems were inspected and found to be in compliance with applicable rules.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety, and is equipped with smoke detectors in required areas. The home has an enclosed electric water heater and propane fired furnace, as well as a wood burning and gas fired fireplace. On file is written verification from a qualified inspection service that the furnace and fireplaces are properly installed and in good working order.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' 8" X 13'	190.67 sq. ft.	2
2	12' X 10'	120 sq. ft.	1

The indoor living and dining areas measure a total of 753 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this home can accommodate three (3) 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 (3) ambulatory residents who are aged. The applicant is approved to provide care to the aged population. Both genders are accepted at the home. The applicant intends to accept residents who have private sources for payment for their care. The program will include daily activities that will promote residents' independence and keep their minds active.

Emergency transportation is available by dialing 911. Other transportation services will be specified in individual resident care agreements.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible persons were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible persons submitted statements from a physician documenting their good health and current negative tuberculosis test 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 acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicate 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 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 acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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

C. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of three (3).

Michele Struter

03/22/2017

Date

Licensing Consultant

Approved By:

Dawn Timm

03/29/2017

Date

Area Manager