



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 26, 2017

Re'Ella Burrell  
6345 Angling Rd.  
Portage, MI 49024

RE: Application #: AF390382592  
**Burrell AFC**  
**6345 Angling Rd.**  
**Portage, MI 49024**

Dear Mrs. Burrell:

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 Adult Foster Care family home license, and temporary certification of specialized programs for the mentally ill and developmentally disabled populations, 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 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 LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF390382592
<b>Applicant Name:</b>	Re'Ella Burrell
<b>Applicant Address:</b>	6345 Angling Rd. Portage, MI 49024
<b>Applicant Telephone #:</b>	(269) 348-4375
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Burrell AFC
<b>Facility Address:</b>	6345 Angling Rd. Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 348-4375
<b>Application Date:</b>	04/27/2016
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/27/2016	Enrollment
05/04/2016	PSOR on Address Completed
05/04/2016	Contact - Document Sent Rule & ACT Books
05/04/2016	Application Incomplete Letter Sent- 1326 for Kim Burrell (Responsible Person) and SOS address discrepancy for Re'Ella
05/18/2016	Contact - Document Received- Verification of SOS address change for Re'Ella and 1326 for Kimberly Burrell
05/18/2016	Application Incomplete Letter Sent- Live Scan forms for Re'Ella & Kimberly Burrell
06/17/2016	Contact - Document Received-Completed Live Scan forms for Kimberly Burrell & Re'Ella Burrell
06/20/2016	Lic. Unit file referred for background check review- 1326 for Kimberly Burrell
06/20/2016	File Transferred To Field Office-Kalamazoo
07/13/2016	Application Incomplete Letter Sent
07/26/2016	Second Application Incomplete Letter Sent
10/03/2016	Application Complete/On-site Needed
10/12/2016	Inspection Completed On-site
10/12/2016	Inspection Completed-BCAL Sub. Compliance

02/09/2017	Contact- Document Received
03/13/2017	Contact- Document Received
03/22/2017	Contact - Documents Received
04/10/2017	Inspection Completed On-site
04/10/2017	Inspection Completed-BCAL Sub. Compliance
04/12/2017	Contact – Documents Received
04/25/2017	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Burrell AFC is a ranch style home located in a suburban neighborhood in the city of Portage. The property is owned by Del McClenney. On file is proof of property ownership, as well as a written statement from the property owner granting the applicant permission to operate a licensed Adult Foster care family home on the property. Included in the written statement, the property owner has granted the department permission to inspect the property for licensing and regulatory purposes.

Applicant Re'Ella Burrell and her two daughters are occupants of the home, and reside in the finished basement area of the home. The home has two front entrances. The home is wheelchair accessible and has at least one approved means of egress. One front entrance opens into the home's living room area, and is equipped with a wheelchair ramp. The home's other front entrance opens into the home's dining room area. The home has three resident bedrooms, and one full resident bathroom. The property owner previously added an additional kitchen off of the back of the home's existing kitchen. While the applicant plans to primarily use the newer kitchen, both of the home's kitchens meet Adult Foster Care family home administrative rules.

An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home intends to hold a certification for specialized programs, and therefore, is equipped with an interconnected multi-station smoke detection system with battery backup. The home's electric water heater and furnace are enclosed in the home's basement, and are separated from the remainder of the home by means of a floor separation. At the top of the two entrances leading to the basement, there is a 1 ¾-inch solid wood core door or equivalent, installed in a substantially fully stopped wood or steel frame, constructed to effectively stop the spread of smoke and fire. These doors are both equipped with an automatic self-closing device and positive-latching hardware. On file is verification from a qualified inspection service verifying that the hot water heater and furnace are properly installed and in good working order. Also on file, is verification that the ceiling tiles in the home's basement are a Class A fire rating.

The applicant acknowledged and understanding of the additional fire safety requirements associated with holding a certification of specialized programs.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6" x 11'	127.60	1

2	15'2" x 10'1"	153.52	2
3	11'.8" x 12'	141.60	2

The indoor living and dining areas measure a total of 315.49 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 five (5) 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 five (5) residents who are mentally ill and/or developmentally disabled. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of mentally ill and/or developmentally disabled residents, as set forth in their assessment plans, individual plans of service, treatment plans and/or behavioral treatment plans. The applicant intend to provide a warm, homelike atmosphere that fosters personal growth and nurtures decision-making skills.

The applicant acknowledges an understanding that staffing levels in the home must be sufficient to implement resident assessment plans, and individual plans of service. The applicant, as well as all employees, responsible persons and members of the household working with the residents, will successfully complete a course of training which imparts basic concepts required in providing specialized dependent care.

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

Both genders are accepted at the home. The applicant intends to accept residents who have private sources of payment for their care, as well as residents who receive financial assistance and support services through Kalamazoo County Community Mental Health.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the residents' assessment plans and specialized treatment plans. 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**

The applicant is approved to provide care to the mentally ill and/or developmentally disabled population. The applicant's mother is a current adult foster care provider. The applicant has worked alongside her mother providing care to vulnerable adults in a licensed adult foster care setting, for over twenty years.

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.

On file is verification that the applicant has sufficient financial resources to provide for the adequate care of the residents.

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 five (5) 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](http://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 intends to hold a certification for specialized programs and acknowledges the responsibility to obtain and implement residents' individualized plans of service, and if necessary, behavioral treatment plans, for those residents receiving special programming and compensation through a mental health agency.

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 residents' 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, and temporary certification of specialized programs for the mentally ill and developmentally disabled populations, to this adult foster care family home, with a capacity of five (5).



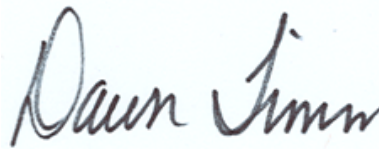
04/26/2017

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Date

Licensing Consultant

Approved By:



04/26/2017

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Date

Area Manager