



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 18, 2017

Donna Tyler
146 Eloise Drive
Benton Harbor, MI 49022

RE: Application #: AF110389156
Homes of Heroes
146 Eloise Drive
Benton Harbor, MI 49022

Dear Mrs. Tyler:

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 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 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 #:	AF110389156
Applicant Name:	Donna Tyler
Applicant Address:	146 Eloise Drive Benton Harbor, MI 49022
Applicant Telephone #:	(269) 363-2791
Administrator/Licensee Designee:	N/A
Name of Facility:	Homes of Heroes
Facility Address:	146 Eloise Drive Benton Harbor, MI 49022
Facility Telephone #:	(269) 363-2791
Application Date:	06/27/2017
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/13/2017	Inspection Completed On-site
06/07/2017	Inspection Completed On-site
06/27/2017	Enrollment
06/30/2017	Contact - Document Sent Rule & Act booklets
06/30/2017	Application Incomplete Letter Sent Rec cl's for Donna, Charles & Yolanda
07/03/2017	Contact - Document Received Rec cl's for Donna, Charles, & Yolanda; Self-Cert Stmt for Charles
07/13/2017	Inspection Completed On-site
07/13/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Homes of Heroes is a one-story ranch home in a residential area of Benton Township. It is in close proximity to commercial areas which includes restaurants, theaters, libraries, cultural activities, schools and shopping. The home has a full basement that is not intended for resident use. There are four bedrooms on the main level, three of which will be for resident use and one for an adult member of the household. The licensee, Donna Tyler, has a bedroom in the basement. There are two full bathrooms on the main level, one of which is handicap accessible. The main level of the home has a large, fully equipped kitchen, a dining room large enough to seat all occupants at the same time, and a large living room. The home is wheelchair accessible and has at least, 1 approved means of egress that is equipped with a ramp from the first floor. There is also a door with a ramp from the northeast bedroom. The home utilizes public water, sewage and trash.

The home is equipped with a gas, forced-air furnace and a gas water heater. The furnace and 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 facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. 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	12' X 11'7"	139	2
2	11'4" X 11	124	household member
3	17' X 10'9"	183	2
4	10'10" X 11'6"	124	1

The living, dining, and sitting room areas measure a total of 328 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five** (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Mrs. Tyler intends to provide 24-hour supervision, protection and personal care to five (5) residents, who are physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and coordination with medical providers. The applicant intends to accept residents from the Veteran's Administration and other community referral sources. Mrs. Tyler intends to provide in-home leisure activities such as television, crafts, games, and gardening, based on residents' interests.

Emergency transportation is available through the local ambulance service. The home is in the service area for public transportation. Veterans can easily access the Veterans' Administration Services located in close proximity and transportation services are available for out of town medical trips. Mrs. Tyler will also provide limited transportation services on a fee basis.

C. Applicant and Responsible Person Qualifications

A record clearance was completed with no convictions recorded for Mrs. Tyler. The applicant and responsible person submitted a medical clearance with statements from a physician documenting their good health and current TB-tine negative results.

Mrs. Tyler 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 and savings.

Mrs. Tyler 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 five (5) 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. Tyler has indicated that for the original license of this five-bed family home, there is adequate supervision with one responsible person on-site for five 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.

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

Mrs. Tyler 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.

Mrs. Tyler 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.

Mrs. Tyler 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. 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 or volunteer working directly with residents.

Mrs. Tyler 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 current employee, including the licensee, responsible person and volunteers.

Mrs. Tyler 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. Tyler acknowledges her responsibility to obtain the required 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. Tyler 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. Tyler 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.

Mrs. Tyler 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. Mrs. Tyler indicated that it is her intent to achieve and maintain compliance with these requirements.

Mrs. Tyler 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.

Mrs. Tyler 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

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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of five residents.



07/14/17

Karen Hodge
Licensing Consultant

Date

Approved By:



07/18/2017

Dawn N. Timm
Area Manager

Date