



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 14, 2017

Raekesha Mcmillian
1232 Kalamazoo Ave SE
Grand Rapids, MI 49507

RE: Application #: AS410388538
Community Safe Keeping Home
820 Watkins SE
Grand Rapids, MI 49507

Dear Ms. Mcmillian:

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 (616) 356-0100.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License Application #: AS410388538

Licensee Name: Raekesha Mcmillian

Licensee Address: 1232 Kalamazoo Ave SE
Grand Rapids, MI 49507

Licensee Telephone #: (616) 719-3103

Administrator/Licensee Designee: Raekesha Mcmillian

Name of Facility: Community Safe Keeping Home

Facility Address: 820 Watkins SE
Grand Rapids, MI 49507

Facility Telephone #: (616) 427-4570

Application Date: 05/18/2017

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/18/2017	On-Line Enrollment
05/23/2017	Contact - Document Sent Rule & ACT Books
06/05/2017	Contact - Document Received 1326/Fingerprint for Raekesha
06/12/2017	Application Incomplete Letter Sent RI 030 for Raekesha and 1326 for Administrator
06/26/2017	Contact - Document Received RI 030 for Raekesha and 1326 for Shirley McMillian
06/27/2017	File Transferred To Field Office Grand Rapids
07/12/2017	Application Incomplete Letter Sent
08/08/2017	Application Complete/On-site Needed
08/09/2017	Inspection Completed On-site
08/09/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home, located in the city of Grand Rapids. The main floor of the facility consists of a living room, dining area, kitchen, full size bathroom and staff bedroom. The second floor of the facility consists of a full size bathroom and three resident bedrooms. The facility does not accept residents requiring wheel chairs. Doors which form a part of a required means of egress are equipped with positive-latching, non-locking-against-egress hardware and are not less than 30 inches in width. The facility has public water and sewage.

The furnace, hot water heater and laundry area are in the basement of the home. The heating plant is separated by a door that is constructed of material which has a 1-hour-fire resistance rating, and the door is made of 1 3/4- inch solid core wood. The door is hung in a fully stopped steel frame and is equipped with an automatic self-closing device and positive-latching hardware.

The facility is equipped with several smoke detectors on each floor, including one in each resident bedroom and all required areas. All of the smoke detectors have battery back-up. The smoke detectors are interconnected and powered by the home's electrical system. Each floor of the facility also has a fire extinguisher.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' X 12'	132 square feet	2
2	11'5" X 12'4"	142.6 square feet	2
3	12'8" X 11'3"	144.64 square feet	2

The indoor living and dining areas measure a total of **366** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept residents who are developmentally disabled. The facility will provide the residents with the opportunity to participate in social and recreational activities in the home as well as outings and activities in the community. The applicant intends to accept referrals from Community Mental Health.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant(s) to utilize local community resources for recreational activities including the library, local museums, parks, shopping centers, churches, YMCA, restaurants and volunteer opportunities. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Mcmillian, the licensee designee provided documentation that she has nearly fifteen years of experience working with developmentally disabled, mentally ill, and aged

adults and children. Ms. Mcmillian submitted documentation to indicate she has met training requirements.

The staffing pattern for this six bed facility is adequate and includes a minimum of one staff members for six residents per shift. Ms. Mcmillian acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Mcmillian has indicated that direct care staff will be asleep during sleeping hours unless the resident need changes.

The applicant(s) acknowledged 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(s) acknowledged 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(s) acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) 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(s) acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will 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 (s) acknowledged the 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 (s) acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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.

The applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) 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 requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/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 temporary license and special certification to this AFC adult small group home (capacity 6).

Megan Aukerman, MSW

8/14/2017

Megan Aukerman, Licensing Consultant Date

Approved By:

Jerry Hendrick

8/14/2017

Jerry Hendrick, Area Manager Date

