



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 9, 2017

Tierra Fonder
Fonder Properties, LLC - DBA Fonder Family Homes
449 Kublick Dr
Benton Harbor, MI 49022

RE: Application #: AS380386590
Fonder Family Homes
7014 Deweese Rd
Jackson, MI 49201

Dear Ms. Fonder:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS380386590

Licensee Name: Fonder Properties, LLC - DBA Fonder Family Homes

Licensee Address: 449 Kublick Dr
Benton Harbor, MI 49022

Licensee Telephone #: (608) 697-7240

Administrator/Licensee Designee: Tierra Fonder, Designee

Name of Facility: Fonder Family Homes

Facility Address: 7014 Deweese Rd
Jackson, MI 49201

Facility Telephone #: (608) 697-7240
01/23/2017

Application Date:

Capacity: 6

Program Type: ALZHEIMERS

II. METHODOLOGY

01/23/2017 On-Line Enrollment

01/24/2017 Inspection Report Requested – Health Inv. #1026536

01/24/2017 Contact - Document Sent Rule & Act booklets

01/24/2017 Application Incomplete Letter Sent Valid Corp; rec cl, FP's, Livescan Request for Tierra (LD & Admin)

01/25/2017 Contact - Document Received Valid Corp

01/25/2017 Comment- FP's for Tierra

01/26/2017 Contact - Document Received- Self-Cert Statement for Tierra (LD & Admin)

02/07/2017 Contact - Telephone call received- Case discussion with Mr. and Mrs. Fonder regarding the application process and documents needed.

02/07/2017 Contact - Document Received- Deed for the home.

02/10/2017 Contact - Telephone call received- Case discussion with Mr. Fonder regarding the application incomplete letter that will be sent.

02/10/2017 Contact - Document Received- Permission to inspect the facility.

02/14/2017 Application Incomplete Letter Sent

02/25/2017 Contact - Document Received- Via email: Quit Claim Deed, permission to inspect the facility, and permission for the applicant to make physical plant changes to the facility for the purpose of operating an adult foster care home.

03/01/2017 Contact - Telephone call received from Mr. Fonder regarding the email that was sent to LARA.

03/01/2017 Contact - Document Sent- I replied to the email.

03/06/2017 Contact - Document Received- Several documents received (floor plan, policies and procedures, etc..)

03/06/2017 Contact - Telephone call received from Mr. Fonder. He had a question regarding a Dakin Room air conditioner/heater. I informed that I would check into this matter; however, I would need to conduct the onsite inspection first.

03/06/2017	Inspection Completed-Environmental Health : A
06/14/2017	Inspection Completed-BCAL Sub. Compliance
06/20/2017	Contact - Telephone call received from Mrs. Fonder.
07/07/2017	Confirming Letter Sent.
08/09/2017	Application Complete On-Site Needed.
08/09/2017	Inspection Completed On-Site.
09/13/2017	Document Received- Appointment of the Licensee Designee and Administrator.
09/26/2017	Inspection Complete- BCAL Full Compliance.
09/26/2017	Recommend License Issuance.
09/26/2017	LSR Generated.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in a residential neighborhood just outside the City of Jackson. The facility is situated back away from the main roadway. This ranch style home was built in 1999 and has a full basement. The applicant demonstrated that the facility meets the criteria for wheelchair accessibility. The primary entrance for residents is located in the front of the facility. This entrance is equipped with a wheelchair ramp. The second identified resident exit is located off the back of the facility; which is also equipped with a wheelchair ramp and leads to solid ground. These exits are equipped with non-locking against egress hardware.

The primary entrance opens to the main living room. To the left is Bedroom #1, which also includes a full bathroom for the occupants of that room. The facility has an open floor plan, and leads from the living room into the dining room and then the kitchen. The kitchen leads to another small dining area and then into another living room. There is an entryway which leads to the laundry room and Bedroom #4, which is also equipped with a bathroom that will only be utilized by the individuals residing in that room.

From the main living room, to the right is the main full bathroom, Bedroom #2 and Bedroom #3, and the stairs that lead to the full basement. The door leading to the basement is a 90-minute door, and is equipped with an automatic self-closing device and positive latching hardware.

The basement contains the gas fired forced air furnace and the hot water heater. The electric hot water heater also contains a device that assures a constant hot water temperature so that it will never exceed 120 degrees Fahrenheit. The electrical panel is located in the laundry room and is equipped with a locking mechanism.

The facility has private water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on both levels of the facility and in the required areas.

The second living room is equipped with a fireplace, and the applicant has stated in writing that the fireplace will not be utilized.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom #1	14'4" x 12'9"	183	2
Bedroom #2	12'10" x 9'8"	124	1
Bedroom #3	12'8" x 10'3"	130	1
Bedroom #4	19'7" x 16'6"	323	2

The indoor living and living areas measure a total of 1,413 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 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 6 male or female residents who are 50 years of age or older and have Alzheimer's. According to the program statement, Fonder Family Homes' mission is to "provide exceptional care for Alzheimer's residents in a safe, loving, and beautiful home." Their focus is on creating a supportive and nurturing environment. The program will

provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Fonder Family Home strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The program will provide quality service through the recruitment and training of caring and attentive staff that are specifically trained to care for persons with advanced age and dementia.

The applicant intends to accept individuals with private sources of payment, social security, supplemental security income, and Medicaid personal care.

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, the applicant intends to utilize local community resources such as libraries, shopping centers, churches, farmers market, carnivals and the movies. The facility will also have activities available such as puzzles, bingo, games, music and exercise.

C. Applicant and Administrator Qualifications

The applicant is Fonder Properties, L.L.C., and is a “For Profit Domestic Limited Liability Company” which was formed on August 2, 2016. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status and that United States Corporation Agents, Inc. is the Resident Agent. 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. Mrs. Fonder is the sole owner and member of the L.L.C. and has stated in writing the appointment of herself as the licensee designee and the administrator for the facility.

A criminal background check of Mrs. Fonder was completed and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Fonder submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Mrs. Fonder began her career in 1999 as a dietary aide in a nursing facility. Mrs. Fonder also has experience working with residents in secured dementia units, hospitals, assisted living facilities, long-term care facilities, and in the privacy of their own homes. She has experience providing services to individuals whom had significant medical and Alzheimer’s service needs. Mrs. Fonder became a registered nurse in 2009. Mrs. Fonder has many years of first-hand experience with memory care residents and their families. She is committed to the medical profession and to

providing all residents with outstanding care and support to help maintain their quality of life.

Mrs. Fonder is a registered nurse and she has provided a copy of her current license. She has also been trained in First Aid and CPR and provided certification of completion.

The staffing pattern for the original license of the 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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 acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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 and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that the resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledge 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 valuable 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 audit 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 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 to this AFC adult small group home (capacity 1-6).

Mahtina Rubritius

09/27/2017

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

10/09/2017

Ardra Hunter
Area Manager

Date