



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 20, 2018

Beauty Bipasha
1249 136th Ave.
Holland, MI 49424

RE: Application #: AF700392497
Angel Care
1249 136th Ave.
Holland, MI 49424

Dear Ms. Bipasha:

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) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

LicenseApplication #:	AF700392497
Applicant Name:	Beauty Bipasha
Applicant Address:	1249 136th Ave. Holland, MI 49424
Applicant Telephone #:	(703) 674-7467
Administrator/Licensee Designee:	N/A
Name of Facility:	Angel Care
Facility Address:	1249 136th Ave. Holland, MI 49424
Facility Telephone #:	(703) 674-7467
Application Date:	01/30/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/30/2018	Enrollment
02/07/2018	PSOR on Address Completed
02/07/2018	Contact - Document Sent Rule & ACT Books
02/07/2018	Application Incomplete Letter Sent Page 3 of app sent back for completion, 1326 for Responsible Person - Afzal Troast & FCL prints/RI 030 for Beauty Bipasha
02/21/2018	Contact - Document Received 1326 for Afzal Troast and completed page 3 of app.
02/22/2018	Application Incomplete Letter Sent FCL prints for Beauty Bipasha
03/13/2018	Contact - Document Received FCL prints downloaded into system for Beauty Bipasha
03/13/2018	File Transferred to Field Office Grand Rapids
03/20/2018	Application Incomplete Letter Sent
03/30/2018	Application Complete/On-site Needed
04/11/2018	Inspection Completed On-site
04/11/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Angel Care is located at 1249 136th Avenue, Holland, Michigan, which is in Ottawa County. The applicant, Beauty Bipasha, is leasing this home, and a copy of the lease agreement was submitted to the licensing consultant. The home is one side of a duplex, and consists of three bedrooms, a full bath, dining area, kitchen, and living room on the main floor, and living quarters, and a laundry/furnace/water heater room in the basement. There are handrails where required, both outside and inside the home. There is ample parking in front of the home; and there is a large backyard. The home is a one-story building with wood siding. The home utilizes public sewer and water systems, and the house structure and landscaping are in good condition. The home is not wheelchair accessible.

The hot water heater, washer and dryer are located in a room in the basement that is equipped 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 battery operated smoke detectors on each level of the home, and on 04/11/2015 they were tested and worked properly. There is one operable A-B-C fire extinguisher one each level of them home and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'11" X 11'1"	109	1
2	9'6" X 13'	123.5	2
3	11'5" X 16'10"	192	3

Total Capacity: 6

The living and dining room areas measure a total of 246 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male and/or female adults aged 18 years and older, who may be diagnosed with a physical disability, mental illness, and/or Traumatic Brain Injury, in the least restrictive environment possible. throughout the home. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Angel Care will not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Applicant and Administrator Qualifications

Beauty Bipasha is the Licensee. Medical and Record Clearance requests for Ms. Bipasha were completed with no restrictions noted on either. Her TB-tine results were negative. The Responsible adult who can provide up to 72 hours of emergency coverage is Raj Troast, who meets the necessary requirements for this position.

The applicant acknowledges an understanding of the training and qualification 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 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), Identogo, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by Ms. Bipasha, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family group home (capacity 6).



April 20, 2018

Ian Tschirhart
Licensing Consultant

Date

Approved By:



April 20, 2018

Jerry Hendrick
Area Manager

Date