



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 23, 2018

James Perry
238 Laurel Dr
Battle Creek, MI 49017

RE: Application #: AF130391178
James C. Perry
238 Laurel Dr
Battle Creek, MI 49017

Dear Mr. Perry:

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 3 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

Application #:	AF130391178
Applicant Name:	James Perry
Applicant Address:	238 Laurel Dr Battle Creek, MI 49017
Applicant Telephone #:	(269) 924-7067
Administrator:	N/A
Licensee:	James Perry
Name of Facility:	Perry AFC
Facility Address:	238 Laurel Dr Battle Creek, MI 49017
Facility Telephone #:	(269) 924-7067 10/18/2017
Application Date:	
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/18/2017	Enrollment
10/30/2017	Contact - Document Sent- Rule & ACT Books
10/30/2017	Application Incomplete Letter Sent- Fingerprint/RI 030 for James Perry and 1326 for Responsible Person Dianna Eubanks
11/16/2017	Contact - Document Received-Fingerprint/RI 030 for James Perry
11/16/2017	Application Incomplete Letter Sent-1326 for Dianna Eubanks sent back for signature/date
12/04/2017	Contact - Document Received-1326 for Dianna Eubanks
12/04/2017	File Transferred to Field Office-Kalamazoo
12/20/2017	Application Incomplete Letter Sent
01/25/2018	Contact - Documents Received
02/08/2018	Contact- Documents Received
03/01/2018	Inspection Completed On-site
04/02/2018	Contact- Documents and pictures received
04/20/2018	Contact- Documents and pictures received

05/09/2018 Contact- Document received

05/22/2018 Contact- Telephone- Applicant made verbal request to change capacity from 6 to 3 residents.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Perry AFC is a colonial style home located in the city of Battle Creek. The property is owned by the applicant and occupant of the home James Perry. On file is proof of property ownership. The main entrance to the home opens into the home's living room. Located to the right of the living room is the applicant's bedroom, one resident bedroom, a linen closet and one full bathroom. Also located off the living room is a staircase that leads to one large shared resident bedroom. To the back of the home is the home's kitchen, dining room and an additional living area, which is equipped with a television, pool table and fireplace. A small hallway off the home's dining room leads to a second bathroom, a fitness room and a room equipped with a hot tub.

An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes the public water and sewer system.

An on-site inspection also verified that the home is in substantial compliance with rules pertaining to fire safety. The home is equipped with battery powered smoke detectors, which are located on each occupied floor, as well as in the basement near the home's electric furnace and hot water heater. On file is written documentation indicating that the applicant will not utilize the home's fireplace, as well as written documentation from a qualified inspection service verifying that both the furnace and hot water heater are in good working condition. A 1 ¾-inch solid metal door is installed in a substantially fully stopped steel frame at the top of the basement stairs, creating floor separation. On file is written documentation indicating that the wood paneling used as interior finish throughout the home has been fire rated Class C. Also, on file is documentation indicating that the ceiling panels used in the home has been fire rated Class A.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 10'	100'	1
2	30' x 12'	360'	2

The indoor living and dining areas measure a total of approximately 620 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 3 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 three (3) male and/or female residents who are developmentally disabled and/or suffer from a mental illness. The applicant has had over 15 years of experience providing direct care services to the developmentally disabled and mentally ill population and currently works as direct care staff member for a locally licensed adult foster care home. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, and an opportunity for involvement in educational day programs and/or employment. The applicant intends to accept referrals from Calhoun County DHHS, local Community Mental Health agencies, and the Veterans Administration, as well as residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

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 residents' independence.

C. Applicant and Responsible Person Qualifications

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

The applicant 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.

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 three (3) 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 the 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 acknowledged 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. In addition, the applicant 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 acknowledged 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 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 resident’s 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(s) 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 to this adult foster care family home with a capacity of three residents.



05/22/2018

Michele Streeter
Licensing Consultant

Date

Approved By:



05/23/2018

Dawn Timm
Area Manager

Date