



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 7, 2018

Shawntina Anderson
82 Vale Street
Battle Creek, MI 49014

RE: Application #: AF130394777
Blue Faith
26 Illinois St.
Battle Creek, MI 49014

Dear Ms. Anderson:

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 4 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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF130394777
Applicant Name:	Shawntina Anderson
Applicant Address:	82 Vale Street Battle Creek, MI 49014
Applicant Telephone #:	(269) 964-2476
Administrator/Licensee Designee:	N/A
Name of Facility:	Blue Faith
Facility Address:	26 Illinois St. Battle Creek, MI 49014
Facility Telephone #:	(269) 601-1397
Application Date:	06/15/2018
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/15/2018	Enrollment
06/19/2018	Application Incomplete Letter Sent App sent back for changes, 1326 for Shawntina and AFC-100 for Responsible Person Sandra Evil
07/17/2018	Contact - Document Received Corrected Application, 1326 for Shawntina Anderson & AFC 100 for Sandra Evil
07/17/2018	Application Incomplete Letter Sent SOS address discrepancy for Shawntina
07/31/2018	Inspection Completed On-site- BCAL Full Compliance
08/14/2018	Contact- Face to face on-site
08/22/2018	Contact- Telephone call made

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Blue Faith is craftsman style home located in an urban neighborhood approximately 1.5 miles from downtown Battle Creek. The property is leased to Ms. Shawntina Anderson. On file is proof of lease agreement and permission for Ms. Anderson to operate an adult foster care home at the property. Ms. Anderson will reside in the basement living area of the home which will not be used by residents.

The home's front entrance opens to a small enclosed porch that leads to the main entrance of the home. The main entrance opens into the shared living room that is open concept and leads to the shared dining area. Through the shared dining area is the home's kitchen. Running parallel to the left of the living room is a semi-private resident

bedroom that leads to a Jack-and-Jill style semi-private, full bathroom. Through the bathroom is a room that will be used for storage and resident recreation. Running parallel to the left of the dining room is the laundry area. Through the laundry area are a set of stairs that lead to the semi-private resident bedroom and semi-private resident recreation room. Through the laundry room is a set of stairs that leads to the back exit door and to the basement. The home is not wheelchair accessible.

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 verified that the home is in substantial compliance with rules pertaining to fire safety. The facility is equipped with battery-powered single-station smoke detectors, which have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all heat-producing equipment. The home has a gas-fired hot water heater and furnace, which are located in the home's basement in a heat plant room. A 1 ¾-inch solid core door with an automatic self-closing device and positive latching hardware has been installed at the entrance of the heat plant room.

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

Room #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.1' x 14.3'	187.33'	2
2	4.5' x 29'	130.5'	2
Dining/Living Room	32' x 12.72'	407.04'	
Downstairs Rec. Room	14.3' x 12'	171.06'	
Upstairs Rec. Room	4.5' x 19'	85.5'	

The combined indoor living and dining areas measure a total of approximately 578.1' 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 four (4) 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 four (4) male and/or female residents who are mentally ill, developmentally disabled, and/or aged. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, as well as an opportunity for involvement in educational or day programs and/or employment. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through Summit Pointe and/or other local agencies.

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, but not limited to, the public schools and library, local museums, shopping centers, restaurants, churches, etc. These resources provide an environment to enhance quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

The applicant, Shawntina Anderson, is approved to provide care to the mentally ill, developmentally disabled, and aged populations. The applicant has past employment experience in a residential setting with providing direct services to individuals diagnosed with mentally illness, developmental disability, aged, and physically handicapped. Ms. Anderson successfully operated Blue Faith adult foster care family home at a previous address from 2010 to 2018.

Criminal history background checks of the applicant and *Responsible Person*, Sandra Evil, 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.

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 four (4) 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 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 acknowledges 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 indicates 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 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 four (4).

Cassandra Duursma

08/24/2018

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Dawn Timm

09/07/2018

Dawn N. Timm
Area Manager

Date