



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 3, 2018

Meagan Frye  
A Place Called Home In Dowagiac LLC  
50253 M51 N  
Dowagiac, MI 49047

RE: Application #: AM140393406  
**A Place Called Home In Dowagiac**  
**50253 M51 N**  
**Dowagiac, MI 49047**

Dear Ms. Frye:

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 10 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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(517) 281-9913

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AM140393406
<b>Licensee Name:</b>	A Place Called Home In Dowagiac LLC
<b>Licensee Address:</b>	50253 M51 N Dowagiac, MI 49047
<b>Licensee Telephone #:</b>	(269) 783-4585
<b>Administrator:</b>	Meagan Frye
<b>Licensee Designee:</b>	Meagan Frye
<b>Name of Facility:</b>	A Place Called Home In Dowagiac
<b>Facility Address:</b>	50253 M51 N Dowagiac, MI 49047
<b>Facility Telephone #:</b>	(269) 783-4585 04/03/2018
<b>Application Date:</b>	
<b>Capacity:</b>	10
<b>Program Type:</b>	AGED

## II. METHODOLOGY

10/25/2017	Inspection Completed-Fire Safety : A Completed for AM140370654
01/17/2018	Inspection Completed-Env. Health : A Completed for AM140370654
04/03/2018	On-Line Enrollment
04/10/2018	Contact - Document Received 1326's for Meagan Frye and Pjerin Lulgjuraj
04/10/2018	Lic. Unit file referred for background check review 1326 for Pjerin Lulgjuraj
04/11/2018	File Transferred To Field Office Lansing
04/17/2018	Application Complete/On-site Needed
04/17/2018	Inspection Completed On-site
04/17/2018	Inspection Completed BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a two-story wood frame home located in a rural area about five miles from Dowagiac. Even though the home is in a rural area, it is located on a heavily trafficked road. The home is surrounded by a tall chain link fence; however, the gate is not locked. The applicant will not operate a locked facility and understands that in order to do so the applicant must receive approval.

This facility is presently licensed to another entity which will close their license when the current applicant is approved for licensure.

All resident bedrooms and bathrooms are located on the ground floor. The second story is private living quarters where the applicant currently resides. The home has five resident bedrooms that can each accommodate two residents. Three resident bedrooms have private bathrooms and two communal bathrooms are available. Four of the five bathrooms are barrier free and the home is wheelchair accessible. One ramp is located at the west facing front entry of the home while the two other ramps provide egress from the kitchen and hallway on the east face of the home.

The main floor contains a large living room as well as kitchen and separate dining room. The home has private water and septic systems. The Cass County District Health Department inspected the facility on January 17, 2018 and gave an “A” rating, indicating substantial compliance with applicable rules.

The gas furnace and water heater are in the basement which is accessible through the kitchen. A 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading from the kitchen thus creating floor separation.

Because this facility is licensed for more than six residents a fire safety inspection was conducted by the Bureau of Fire Safety (BFS). On October 27, 2017 BFS gave approval to this facility again indicating substantial compliance with applicable rules. BFS will inspect as a new facility on the next scheduled inspection.

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

Bedroom #	Room Dimensions	Total Square Feet	Total Resident Beds
#1	14'8" x10' 10"	161	2
#2	14'8" x10'8"	160	2
#3	20' x11'	220	2
#4	19'x11'	209	2
#5	13'9" x15'5"	213	2

The living, dining, and sitting room areas measure a total of 429 square feet living space which exceeds the minimum of 35 square feet of occupant requirement.

Based on the above information, this facility can accommodate ten (10) residents. It is the applicant’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 for ten (10) male or female adults who are aged and may have accompanying physical illnesses. The program will include social interaction; training to develop personal hygiene, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept residents from Cass County DHHS and MI-CHOICE Waiver Program.

**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 to utilize local community resources for recreational activities including the local shopping centers and public library. These resources provide an environment to enhance the quality of life and increase the independence of the residents.

### **C. Applicant and Administrator Qualifications**

The applicant is A Place Called Home in Dowagiac, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 02/24/2018. 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.

The members of A Place Called Home in Dowagiac, L.L.C. have submitted documentation appointing Meagan Frye as licensee designee for this facility and Meagan Frye as the administrator of the 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. The applicant has experience working with residents who have been diagnosed with chronic mentally illness, Alzheimer’s disease and dementia in the states of Kansas and New York.

The staffing pattern for the original license of this ten bed facility adequate and includes a minimum of #2 staff for #10 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 not* 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 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](http://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 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 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 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 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**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 six-month temporary license to this adult foster care medium group home with a capacity for ten (10) residents.



06/21/2018

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



07/03/2018

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Dawn N. Timm  
Area Manager

Date