



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 18, 2018

Richard Diene
Aswad Enterprises, LLC
41 Woodbine Lane
Battle Creek, MI 49015

RE: Application #: AS130385077
Hope AFC
195 Kirkwood Avenue
Springfield, MI 49037

Dear Mr. Diene:

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 5 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 "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS130385077
Applicant Name:	Aswad Enterprises, LLC
Applicant Address:	41 Woodbine Lane Battle Creek, MI 49015
Applicant Telephone #:	(269) 274-5271
Administrator:	Jessica Santiago
Licensee Designee:	Richard Diene
Name of Facility:	Hope AFC
Facility Address:	195 Kirkwood Avenue Springfield, MI 49037
Facility Telephone #:	(269) 274-5271
Application Date:	09/27/2016
Capacity:	5
Program Type:	AGED

II. METHODOLOGY

09/27/2016	Enrollment
09/28/2016	Contact - Document Sent Rule & ACT Books
09/28/2016	Application Incomplete Letter Sent RI 030 and FCL Fingerprints
10/11/2016	Contact - Document Received RI 030 and FCL prints for Richard Diene
10/11/2016	File Transferred to Field Office Lansing
10/13/2016	Comment Enrollment received from LU, forwarding to licensing consultant, M. Streeter in Kalamazoo
10/28/2016	Application Incomplete Letter Sent
09/07/2017	Contact - Telephone call made Left a voice mail for Mr. Diene for follow up regarding this incomplete application.
09/11/2017	Contact - Document Received Received email from Mr. Diene
09/15/2017	Contact - Document Sent Email exchange with Mr. Diene
09/26/2017	Application Incomplete Letter Sent Reviewed additional documents received by Mr. Diene and sent a second Application Incomplete Letter via email to Mr. Diene.
09/29/2017	Contact - Document Received Received email from Mr. Diene stating that he is going to gather all application incomplete documents and submit to me in the near future.
12/28/2017	Contact - Document Received Received email from Mr. Diene with additional documents. Additional documents still needed.
04/30/2018	Contact - Document Received Received additional documents via email from Mr. Diene.

05/24/2018	Contact - Document Sent Sent follow-up email to Mr. Diene requesting three remaining documents.
08/01/2018	Application Complete/On-site Needed
08/06/2018	Inspection Completed On-site
08/23/2018	Modified documents received from Mr. Diene via email
08/24/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in city of Springfield, Michigan. The facility has a basement and main floor. The basement is a large open area that contains the hot water heater and furnace. The basement will not be accessible to residents. The main floor of the facility has four bedrooms and two full size bathrooms, all of which are designated for resident use. The main floor of the facility has a living room and dining room that are designated for resident use, and a kitchen and designated staff area/office area that are not designated for resident use. The facility is not wheelchair accessible. The facility utilizes a public water supply and sewage disposal system.

The facility utilizes a gas furnace and water heater, which are both located in the basement of the facility and are equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	101in x 139in	97	1
2	142in x 232in	228	2
3	116in x 140in	112	1
4	126in x 94in x 94in x 47in	112	1

The indoor living and dining areas measure a total of 274 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 5 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 five male and/or female residents who are aged. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Calhoun County DHS, Calhoun County CMH, Veterans Administration or residents with private sources for payment.

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 local museums, shopping centers, churches, and other community events and activities that are deemed appropriate for resident attendance. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Aswad Enterprises, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 5/18/2007. 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 Aswad Enterprises, L.L.C. have submitted documentation appointing Richard Diene as licensee designee for this facility and Jessica Santiago 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. Mr. Diene has been a caregiver to his mother-in-law since 2002. Over the last

sixteen years, Mr. Diene has assisted his mother-in-law with daily care tasks, including bathing, personal hygiene, meal preparation, medication management, housekeeping, and transport to and from medical appointments. Mr. Diene is certified in Adult First Aid/CPR/AED. Ms. Santiago has been working as a direct care worker and manager for an adult foster care facility since 2012. Ms. Santiago has experience in caring for individuals with physical disabilities and dementia. Ms. Santiago has provided direct care services to individuals, including meal preparation, supervision, tube feeding, personal hygiene care, administering medications, and transporting individuals to and from medical appointments.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of one staff for five 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 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) 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.

RECOMMENDATION:

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of five residents.

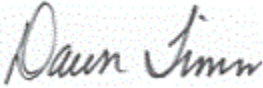


9/10/2018

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



09/17/2018

Dawn N. Timm
Area Manager

Date