



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 14, 2019

Lorinda Anderson
Community Living Options
626 Reed Street
Kalamazoo, MI 49001

RE: Application #: AS390396025
Bronson Circle
1206 Bronson Circle
Kalamazoo, MI 49008

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 six 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) 284-9727.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390396025
Applicant Name:	Community Living Options
Applicant Address:	626 Reed Street Kalamazoo, MI 49001
Applicant Telephone #:	(269) 343-6355
Administrator:	Lorinda Anderson
Licensee Designee:	Lorinda Anderson
Name of Facility:	Bronson Circle
Facility Address:	1206 Bronson Circle Kalamazoo, MI 49008
Facility Telephone #:	(269) 343-6355
Application Date:	08/28/2018
Capacity:	6
Program Type:	Developmentally Disabled Mentally Ill

II. METHODOLOGY

08/28/2018	Enrollment
08/28/2018	Lic. Unit file referred for background check review Lorinda Anderson
08/29/2018	Contact - Document Sent Rule & ACT Books
08/29/2018	File Transferred To Field Office Lansing
09/07/2018	Application Incomplete Letter Sent
10/01/2018	Contact - Document Received Received lease for facility via email.
10/01/2018	Contact - Document Received Received additional documents for facility as well as medical clearance for licensee designee.
10/04/2018	Contact - Document Sent Emailed licensee designee letting her know I received documentation and would review in the next week or two and then would schedule onsite inspection pending availability
10/04/2018	Contact - Document Received Email from licensee designee stating the approval for occupancy of facility hasn't been obtained yet.
11/01/2018	Contact - Document Received Email correspondence with Lori Anderson, licensee designee, about conducting an onsite. Facility still has not gotten approval for occupancy so will not be conducting onsite until approval.
11/06/2018	Contact - Document Received Received email from home manager of new facility that city approved the facility for occupancy.
11/06/2018	Application Complete/On-site Needed
11/09/2018	Inspection Completed On-site
11/09/2018	Inspection Completed-BCAL Sub. Compliance
11/09/2018	Confirming letter sent
12/05/2018	Inspection Completed On-site

12/05/2018	Inspection Completed-BCAL Sub. Compliance
12/05/2018	Confirming letter sent
12/10/2018	Inspection Completed On-site Inspected for interconnected fire alarms.
12/10/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in the city of Kalamazoo's Bronson Boulevard/Westnedge Hill neighborhood. The facility has one main level with a basement. The facility consists of only resident bedrooms, which are all on the main level of the facility. The main entrance to the home opens up into the living room, which also has a small enclosed office space (6 ft x 6 ft) that will serve as both a staff office and medication room. Off the living room, on the west side of the home are four resident bedrooms, a closet and a full resident bathroom. The living room connects to the dining room and leads into the kitchen. Off the kitchen, on the south side of the home is a small enclosed foyer where you can access the garage and the downstairs basement. This area also has a closet. The kitchen also leads into another large common living space for residents and the additional two resident bedrooms on the east side of the home and a half bath. Residents can also access the home's backyard and deck from the large common living space area, as well. The basement will not be used by the residents of the facility except to access the laundry area. The basement will be used for storage and another staff office. The home is wheelchair accessible and has two approved means of egress equipped with ramps from the first floor. These approved means of egress are through the front door and the home's backdoor, which leads to the facility's backyard and deck. The facility utilizes public water and sewage system through the City of Kalamazoo.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire alarms were observed to be in each resident bedroom, one in each common area of facility and two in the basement with one in the staff office and the other in the laundry/furnace room.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.9 ft x 11 ft	141.9 ft ²	1
2	13.8 ft x 14.5 ft	200.1 ft ²	2
3	13.8 ft x 12 ft	165.6 ft ²	1
4	11.8 ft x 9 ft	106.2 ft ²	1
5	11.4 ft x 10.4 ft	118.6 ft ²	1

The living, dining, and sitting room areas measure a total of 581.8 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally illness, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The facility will encourage residents to actively engage in the community and activities they enjoy. Each resident will have at least one, one-to-one outing scheduled per week in the community with staff with the resident choosing the activity they want to do. Residents will also have access to arts and crafts materials and access to reading materials. The facility also plans to create an annual “Friends and Family” luncheon where residents’ family members and friends can spend time together in a group setting. In addition, the facility plans on conducting group activities to local establishments such as Gull Meadows, the beach, picnics in the park and visits with other Community Living Options facilities. Routine activities such as grocery shopping, going out for lunch and/or dinner and community activities will also occur. The facility will maintain a group calendar to assist with scheduling around appointments to assist with outings and resident activities.

A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. The applicant intends to accept residents from several Community Mental Health agencies across the State of Michigan, including its local Kalamazoo County CMH, in addition to, private pay individuals, as referral sources.

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, and only with the prior approval of the resident, guardian, and the

responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Rule/Statutory Violations

The applicant is Community Living Options (CLO), which is a “Non Profit Corporation” established in Michigan, on 07/13/1982. 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 Board of Directors of Community Living Options have submitted documentation appointing Lorinda Anderson as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined the licensee designee, Lorinda Anderson, is of good moral character and eligible for employment in a licensed adult foster care facility. Lorinda Anderson submitted a statement from a physician documenting her good health and current TB-tine negative results. The licensee designee provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledged that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledged 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 the licensee, can 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 their 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 their 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 home for adult foster care.

The applicant acknowledged their 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 their 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 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 acknowledged 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 acknowledged their 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

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six residents.



12/26/2018

Cathy Cushman
Licensing Consultant

Date

Approved By:



01/14/2019

Dawn N. Timm
Area Manager

Date