



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 11, 2019

Maria Davis
437 Drexel PL
Kalamazoo, MI 49007

RE: Application #: AS390395682
The Lighthouse AFC
438 Drexel Place
Kalamazoo, MI 49007

Dear Ms. Davis:

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 #:	AS390395682
Applicant Name:	Maria Davis
Applicant Address:	437 Drexel Place Kalamazoo, MI 49007
Applicant Telephone #:	(269) 569-9851
Administrator:	Maria Davis
Licensee:	Maria Davis
Name of Facility:	The Lighthouse AFC
Facility Address:	438 Drexel Place Kalamazoo, MI 49007
Facility Telephone #:	(269) 348-6217
Application Date:	08/07/2018
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

08/07/2018	Enrollment
08/07/2018	Contact - Document Sent Rule & ACT Books
08/07/2018	Application Incomplete Letter Sent 1326 for Maria Davis & AFC 100 for Shirell Wilburn
09/10/2018	Contact - Telephone call received Applied for Family by mistake. Sending in revised application to change to Small group AFC
09/10/2018	Contact - Document Received Revised application to change from family to group.
09/12/2018	Application Incomplete Letter Sent 1326 for Maria Davis
09/21/2018	Contact - Document Received 1326 for Maria Davis
09/24/2018	Lic. Unit file referred for background check review 1326 for Maria Davis
09/25/2018	Lic. Unit received background check file from review NS and con't processing. Prior approved GMC 2017 - per AFC Program Consultant
09/25/2018	File Transferred To Field Office Lansing
10/03/2018	Application Incomplete Letter Sent
10/03/2018	Contact- Documentation Received Requested documents received from Ms. Davis. Response sent.
10/10/2018	Contact- Documentation Received Permission to inspect received.
11/19/2018	Contact- Documentation Received Ms. Davis requested additional time to modify the home's physical plant.
01/08/2019	Contact- Documentation Received Ms. Davis sent photos of the progress on the physical plant.

01/15/2019	Contact- Documentation Received Ms. Davis inquired about scheduling the initial onsite inspection.
01/30/2019	Contact- Documentation Received Ms. Davis inquired about scheduling the initial onsite inspection for 02/04/2019.
02/01/2019	Contact- Documentation Sent Confirmed 02/04/2019 onsite inspection
02/04/2019	Inspection Complete- BCAL Full Compliance
02/05/2019	Contact- Documentation Received Discussed resources for waiver programs with Ms. Davis.
02/08/2019	Contact- Documentation Received Discussed specialized certification with Ms. Davis.

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Lighthouse is a two-story craftsman style home located near downtown Kalamazoo, MI. There are numerous restaurants located within a mile of the home. Park Street Market and People's Food Co-op grocery stores are located within a mile of the home. Bronson Methodist Hospital is located approximately 1.6 miles from the home. There are multiple parks and libraries near the home as well, including Kalamazoo Public Library and Bronson Park.

The front of the home has a three-season porch that leads to the main entrance of the home. Through the entrance, to the east, is the resident living room. Through the entrance to the northeast is the staff office and to the northwest is the resident dining area. Through the dining area, to the north, is the kitchen and laundry area. At the northeast corner of the kitchen is a private full resident bathroom. Northcentral to the kitchen is the second means of egress. In the northwest corner of the dining room are stairs to the second story which houses two semi-private resident bedrooms. Consequently, both resident bedrooms are located on the second story of this home so residents must be able to safely navigate stairs. The home is not wheelchair accessible at this time.

The gas fueled furnace and water heater are in the basement of the home. There is a 1 ¾ inch solid core wood door creating floor separation between the basement and main floor. An on-site inspection verified that the home has battery-powered, single-station smoke detectors installed near sleeping areas, on each occupied floor of the home, and near all flame- or heat-producing equipment. On file is verification that the furnace has been inspected and is in good working condition.

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

Room #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	14' X 10'	140	2
Bedroom 2	13' X 12'	156	2
Staff Office	17' X 9'	153	
Living Room	13' X 12'	156	
Dining Room	11' X 14'	154	

The living and dining areas measure a total of 310 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 four residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Maria Davis, intends to provide 24-hour supervision, protection and personal care to four ambulatory residents, whose diagnosis is developmentally disabled, aged, and physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from contract agencies and private payment 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant, Maria Davis, 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 relative caregiver stipends and personal accounts.

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

Maria Davis has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Maria Davis will serve as both the licensee and administrator and has experience through previous employment as a Certified Nursing Assistant, Direct Care Staff, Surgical Technician, Medical Unit Secretary, AFC Home Manager, and Home Health Caregiver. The applicant has 90 credits toward her Bachelor of Science in Nursing. The applicant has experience working with individuals with developmental disabilities, physical handicaps, and the aged population.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of one staff for four 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 asleep during sleeping hours unless awake staff is required to meet the level of supervision, personal care, and protect of the residents in the home.

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 acknowledge 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 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.

III. RECOMMENDATION:

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

Cassandra Duursma

02/08/2019

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Dawn Timm

03/11/2019

Dawn N. Timm
Area Manager

Date