



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 11, 2019

Snehlata Singh
4302 Chestnut Grove Lane
Beltsville, MD 20705

RE: Application #: AS750385878
Lynn AFC Home
815 West Street
Three Rivers, MI 49093

Dear Ms. Singh:

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 6 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
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

Application #:	AS750385878
Applicant Name:	Snehlata Singh
Applicant Address:	4302 Chestnut Grove Lane Beltsville, MD 20705
Applicant Telephone #:	(240) 423-6930
Administrator:	Snehlata Singh
Licensee:	Snehlata Singh
Name of Facility:	Lynn AFC Home
Facility Address:	815 West Street Three Rivers, MI 49093
Facility Telephone #:	(240) 423-3517
Application Date:	12/06/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/06/2016	Enrollment
12/08/2016	Contact - Document Sent Rule & Act booklets
12/08/2016	Application Incomplete Letter Sent Rec cl, FP's & Livescan request for Snehlata
12/20/2016	Comment FP's for Snehlata (LD)
01/04/2017	Contact - Document Received Rec cl, Livescan Request for Snehlata; rec cl for Aparna (Admin)
01/05/2017	Application Incomplete Letter Sent Self-Cert Stmt & last names for Aparna (Admin)
01/17/2017	Contact - Document Received Self-Cert Stmt & prior name for Aparna
05/10/2017	File Transferred to Field Office
05/17/2017	Confirming Letter Sent
05/24/2017	Inspection Completed-BCAL Sub. Compliance
02/12/2018	Contact – Document Sent 30 day Letter
02/13/2018	Contact – Telephone Call
03/12/2018	Contact – Document Sent
12/06/2018	Inspection Completed On-site
12/21/2018	Confirming Letter Sent
02/06/2019	Inspection Completed On-site
02/06/2019	Inspection Completed-BCAL Full Compliance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single-story, partial basement, three-bedroom, vinyl-sided, ranch style home located in a residential area within the city of Three Rivers. This facility is less than a mile from a local grocery store. Two community parks are within walking distance of this facility as well. Three Rivers Health Center is located approximately two miles from the facility. There are also numerous restaurants and stores located within one mile of the facility.

The home has a large back and side yard with a single-lane unpaved drive providing ample parking for visitors and staff. An auxiliary building separate from the home is located in the back yard and the applicant intends to use this for additional storage. This auxiliary building is not intended for resident use. All resident bedrooms, one full bathroom, dining room, living room, and kitchen are located on the main floor, as there is no second floor. One full bathroom is available for resident use. This home is not wheelchair accessible. This home utilizes a public water supply and public sewage disposal system.

The gas furnace and hot water heater are located in the partial basement of the home, accessible from the kitchen of the facility, and equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The applicant provided documentation that the furnace was inspected and is in good working condition by a licensed professional on 11/13/2017.

The facility is equipped with an interconnected hardwired smoke detection system, which is fully operational. Smoke detectors are located in all sleeping areas, the basement and in all areas with 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	11 X 12	132	2
2	13.5 X 12	161	2
3	14.5 X 11	158	2

The indoor living and dining areas measure a total of 244 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 six 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** male and/or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred primarily from St Joseph CMH and Michiana Guardianship.

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 St. Joseph Assertive community treatment, St. Joseph Clubhouse, Three Rivers Public library, shopping centers and several churches. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant, Snehlata Singh, has sufficient financial resources to provide for the adequate care of the residents as evidenced by the proposed budget and projected income from caring for AFC residents.

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

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Snehlata Singh has more than 20 years of experience working with the identified population as a licensed practical nurse, and more than one year experience providing adult foster care.

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

II. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents_.



02/08/2019

Eli DeLeon
Licensing Consultant

Date

Approved By:



02/11/2019

Dawn Timm
Area Manager

Date