



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 23, 2019

Jill Long
14077 Stone Jug Rd
Battle Creek, MI 49015

RE: Application #: AS130397946
Kerak
14077 Stone Jug Rd.
Battle Creek, MI 49015

Dear Mrs. Long:

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) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Ondrea Dillard".

Ondrea Dillard, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS130397946

Applicant Name: Jill Long

Applicant Address: 14077 Stone Jug Rd
Battle Creek, MI 49015

Applicant Telephone #: (269) 565-3109

Administrator: Dwayne Long

Licensee: Jill Long

Name of Facility: Kerak

Facility Address: 14077 Stone Jug Rd.
Battle Creek, MI 49015

Facility Telephone #: (269) 565-3109
01/10/2019

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

12/11/2018	Inspection Report Requested - Health Inv 1028958 (requested for AM enrollment)
01/03/2019	Contact - Document Received 1326/RI 030/Fingerprints for Jill Long & AFC 100 for Carlene Ketchum, Dwayne Long, Adam Long & Lacey Long
01/03/2019	Inspection Completed-Env. Health: A
01/10/2019	Enrollment
01/15/2019	File Transferred To Field Office Lansing
01/25/2019	Application Incomplete Letter Sent
7/29/2019	Inspection Completed On-site
8/1/2019	Incomplete Letter Sent
8/22/2019	Inspection Completed-BCAL Full-Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS:

A. Physical Description of Facility:

Kerak is a two-story house located in a rural area in Battle Creek, Michigan. Residents will occupy the first floor only. The applicant and her spouse will also reside in the home and occupy the second floor of the home. The first floor includes a kitchen, dining room, living room, recreational room, two full bathrooms and four resident bedrooms. The second floor includes a kitchen, dining room, living room, six non-resident bathrooms, and seven non-resident bedrooms. Kerak is a wheelchair accessible facility as it has two approved means of egress that are equipped with wheelchair ramps from the main floor.

The home utilizes private water and a septic system which was inspected by Calhoun County Public Health Department on 1/3/2019 and determined to be in substantial compliance with environmental health applicable rules.

Kerak offers many amenities for residents including a multi-purpose game room and a lounge area in the foyer of the home. The home is located in close proximity to Lakeview Square Mall, restaurants, churches, and nature trail parks. Binder Park Zoo is also about 6 miles from the home.

The electric furnace and electric on-demand hot water heater are located on the main floor of the home and both were inspected by a qualified electrician. The facility is equipped with interconnected, hardwire smoke detection system which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'1" x 12' 2"	196 sq. ft.	2
2	12' 3" x 10'	123 sq. ft.	1
3	13'5" x 10'5"	140 sq. ft.	1
4	14'6" x 10' 2"	164 sq. ft.	2

The living, dining, and sitting room areas measure a total of 920 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 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 or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, aged and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs as needed. The applicant intends to accept residents from Calhoun County-DHHS, Calhoun County CMH, Senior Care Partners (P.A.C.E) and private pay individuals as a referral source.

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 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. Applicant and Administrator Qualifications:

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A criminal history check was conducted and determined that the Ms. Jill Long is of good moral character and eligible for employment in a licensed adult foster care facility. Ms. Jill Long submitted a statement from a physician documenting her good health and current TB-test negative results. The administrator, Mr. Dwayne Long, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant, Ms. Long, has worked as a nurse aide in a nursing home setting for 5 years after graduating from high school and worked as a home help provider for ABC Home Help Agency for 7 years providing care for individuals who were aged and/or diagnosed with developmental disabilities or physical handicaps. Currently the applicant manages three monument companies in Battle Creek. The administrator, Mr. Long, has been a pastor since 1991 which allows him to provide counseling to individuals in need. The administrator currently works for a pharmaceutical company and delivers medications to various assisted living homes in Battle Creek. Mr. and Mrs. Long both have had the privilege and opportunity to be the primary care providers for Mr. Long's parents for an extended period of time.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledges 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 be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or will consider other direct care staff that are on duty at another facility to be 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 completed required written assessment plan, resident care agreement, and health care appraisal forms and signatures 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.

VI. RECOMMENDATION:

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.

Andrea D. Elson

9/10/2019

Ondrea Dillard
Licensing Consultant

Date _____

Approved By:

Dawn Timm

09/23/2019

Dawn N. Timm
Area Manager

Date