



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 7, 2019

Lisa Bates
961 Ogden Avenue
Benton Harbor, MI 49022

RE: Application #: AF110397075
Alice Healthcare
961 Ogden Avenue
Benton Harbor, MI 49022

Dear Ms. Bates:

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 two 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ondrea Dillard", followed by a long horizontal line extending to the right.

Ondrea Dillard, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 350-6286

enclosure



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

I. IDENTIFYING INFORMATION

License #: AF110397075

Licensee Name: Lisa Bates

Licensee Address: 961 Ogden Avenue
Benton Harbor, MI 49022

Licensee Telephone #: (269) 757-2591

Administrator: N/A

Licensee: Lisa Bates

Name of Facility: Alice Healthcare

Facility Address: 961 Ogden Avenue
Benton Harbor, MI 49022

Facility Telephone #: (269) 757-2591
11/01/2018

Application Date:

Capacity: 2

Program Type: DEVELOPMENTALLY DISABLED
AGED



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II. METHODOLOGY

11/01/2018	On-Line Enrollment
11/02/2018	Contact - Document Sent Rules & Act booklets
12/18/2018	Contact - Document Received App; 1326, RI-030 & med cl for Lisa; AFC100 for Kenneth & Sheila
12/18/2018	Lic. Unit file referred for background check review Kenneth B - Self-Conf
02/05/2019	Application Incomplete Letter Sent
05/28/2019	Application Complete/On-site Needed
06/05/2019	Inspection Completed On-site
08/13/2019	Inspection Completed On-site
8/13/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This AFC family home is a two-story house located in the city of Benton Harbor. Residents will occupy the first floor only. The licensee and her minor child will also reside in the home and occupy the second floor of the home. The first floor includes a kitchen, dining room, living room, one full bathroom and two resident bedrooms. The second floor includes a full bathroom and two bedrooms that will be occupied by the licensee and her son.

The basement has a gas fired water heater and furnace that has been inspected and approved by a licensed heating contractor. The home is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

This home is equipped with battery powered, single station smoke detectors that have been installed near sleeping areas on each occupied floor of the home and near all flame-or heat producing equipment. This home has a public water and sewer. The



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home is in substantial compliance with rules pertaining to Environmental Health and Fire Safety.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6" x 9'6"	109 sq. ft.	1
2	11'4" x 9'4"	106 sq. ft.	1

The indoor living and dining areas measure a total of 411 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 two residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The licensee intends to provide 24-hour supervision, protection and personal care to two male or female residents who are aged and/or developmentally disabled. The program will include social interaction, training to develop personal hygiene, public safety and independent living skills. The program will also include an opportunity for involvement in education or days programs or employment and transportation. The licensee intends to accept referrals from Berrien County DHHS, Veterans Administration or residents with private sources of payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the licensee to utilize local community resources for recreational activities including the library, local museums shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

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



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The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicant acknowledged the requirement that the licensees of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for two residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

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. In addition, the applicant 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 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 the 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.



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The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents 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 residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

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.



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IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of two residents. This license was issued as the applicant applied prior to the change in law.

A handwritten signature in cursive script that reads "Ondrea Dillard".

09/11/2019

Ondrea Dillard
Licensing Consultant

Date

Approved By:

A handwritten signature in cursive script that reads "Dawn Timm".

10/07/2019

Dawn Timm
Area Manager

Date