



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 30, 2017

Barry Bruns
HomeLife Inc
PMB #360
5420A Beckley Rd.
Battle Creek, MI 49015

RE: Application #: AM030387355
Hammond Street AFC
318 E. Hammond Street
Otsego, MI 49078

Dear Mr. Bruns:

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 12 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 "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

LicenseApplication #: AM030387355

Applicant Name: HomeLife Inc

Applicant Address: 3 Heritage Oak Lane
Battle Creek, MI 49015

Applicant Telephone #: (269) 660-0854

Licensee Designee: Barry Bruns

Administrator: XXXXXXXXX

Name of Facility: 318 E. Hammond Street AFC

Facility Address: 318 E. Hammond Street
Otsego, MI 49078

Facility Telephone #: (269) 660-0964

Application Date: 03/07/2017

Capacity: 12

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

| | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 03/07/2017 | Enrollment Online enrollment |
| 03/10/2017 | Inspection Report Requested - Health Inv. #1026738 |
| 03/10/2017 | Contact - Document Sent Fire Safety String |
| 03/10/2017 | Contact - Document Sent Rule & Act booklets |
| 03/10/2017 | Application Incomplete Letter Sent Received clearance for Barry (LD) & Administrator |
| 03/10/2017 | Contact - Document Received Received clearances for Barry (LD & Admin) |
| 03/16/2017 | Application Incomplete Letter Sent |
| 04/12/2017 | Inspection Report Requested - Health |
| 05/17/2017 | Inspection Report Requested - Health |
| 08/08/2017 | Inspection Completed On-site |
| 08/14/2017 | Contact - Document Received I received a letter dated 08/09/2017 from Barry Bruns stating that the water temperature was tested at 112 degrees F. along with a photo of the thermometer in a cup of water |
| 09/20/2017 | Contact - Document Received I received an email from Barry Bruns stating that the home needs to have an anti-tampering system installed and that he was looking in to having this done |
| 09/20/2017 | Contact - Document Sent I sent Barry Bruns an email acknowledging his email of 09/20/2017 |
| 09/21/2017 | Contact - Document Received I received an email from Barry Bruns stating that the fire marshall gave them Temporary Approval |
| 09/22/2017 | Contact - Document Sent I sent an email to Barry Bruns telling him I would keep an eye out for the fire report |

| | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 09/27/2017 | Contact - Document Sent I sent an email to Barry Bruns informing him that I recieved the latest fire report but it was not a full approval |
| 10/03/2017 | Inspection Report Requested - Fire To include inspection of elevator and newly renovated resident bedroom wing |
| 10/18/2017 | Contact - Document Received I received an email from Barry Bruns, Licensee Designee, stating that the necessary wiring for the fire alarm system will be installed soon and then re-inspected by the fire marshall. Mr. Bruns also attached an email he received from Brian Williams of the State Plan Review Division |
| 10/27/2017 | Inspection Completed-Fire Safety : A |
| 10/27/2017 | Contact - Document Received I received an email from Barry Bruns stating that the fire inspector inspected the home today and found no problems |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

318 E. Hammond Street AFC, which is located in Otsego, Allegan County, Michigan, is owned by HomeLife, Inc. This home was licensed as a 12-bed Adult Foster Care (AFC) home in 2003 by a different licensee and was closed in 2016. The home is a large, single-story building that has seven resident bedrooms, one of which is a suite that includes its own bathroom and living room. There are three full- and one half-bathrooms which this includes the bathroom that is in the resident suite, a large dining room, living room, laundry room and office. The home has two approved wheelchair ramps, one at each of the primary means of egress; and there are handrails inside and outside of the home where required. The home has a half-circle driveway that is in good condition, as are the walkway and sidewalk. There is a detached 3-Car garage on the property that is not used by the home. HomeLife, Inc. owns and operates 11 other AFC facilities in Kalamazoo and Allegan Counties (Michigan). This home utilizes public water and sewage services.

The gas furnace and water heater are located in a mechanical room on the main floor that was constructed and finished with Class A materials, and this room has a 1-hour fire safety door with self-closing and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 08/08/2017 and worked properly. There are at least two operable A-

B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to. The Fire Marshall gave an "Approval" rating on 10/27/2017.

Resident bedrooms measured at the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 15'7" X 11'7" | 179 | 1 |
| 2 | 15'7" X 11'7" | 179 | 1 |
| 3 | 11'9" X 13'1" | 153 | 2 |
| 4 | 11'9" X 13'1" | 153 | 2 |
| 5 | 11'9" X 13'1" | 224 | 2 |
| 6 | 11'9" X 13'1" | 224 | 2 |
| 7 | 13'9" X 13'7" | 186 | 2 |

Total Capacity: 12

The living and dining room areas measure a total of approximately 1047 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The outside on the home is in good condition; and the landscaping is well-maintained.

The home was given an "A" rating by the Allegan County Health Department's Sanitarian on 05/17/2017.

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 **twelve (12)** male and/or female adults aged 18 to 85 years old, who may be diagnosed with Mental Illnesses, Developmental Disabilities, Traumatic Brain Injury, and/or with Physical Disabilities in the least restrictive environment possible. The home is fitted with approved wheelchair ramps and has 36-inch-plus door widths to accommodate wheelchair accessibility throughout the home. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. An application for Special Certification for Mentally Ill and Developmentally Disabled residents was also submitted and approved.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee has simultaneously submitted an application for certification for residents with Mental Illness and/or Developmentally Disability.

318 E. Hammond Street AFC will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Applicant and Administrator Qualifications

Barry Bruns is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Mr. Bruns were completed with no restrictions noted on either. His TB-tine results were negative.

Mr. Bruns has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this twelve-bed facility is 4-staff-to-12 residents at all times except between the hours of 11 p.m. and 7 a.m., during which the staff-to-resident ratio will be 2:12.

The applicant acknowledges an understanding of the training and qualification 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), Identigo, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges 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 Mr. Bruns can administer

medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

The applicant acknowledges 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 acknowledges 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 temporary license to this adult foster care medium group home (capacity 12).



October 30, 2017

Ian Tschirhart
Licensing Consultant

Date

Approved By:



October 30, 2017

Jerry Hendrick
Area Manager

Date