



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 11, 2020

Re'Ella Burrell  
5330 Glen Harbor  
Kalamazoo, MI 49009

RE: Application #: AS390401567  
**Adella's Place**  
**924 N. Westnege**  
**Kalamazoo, MI 49007**

Dear Mrs. Burrell:

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 Adult Foster Care small group home license and temporary certification of specialized programs for the mentally ill and developmentally disabled populations 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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-9037

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390401567
<b>Applicant Name:</b>	Re'Ella Burrell
<b>Applicant Address:</b>	5330 Glen Harbor Kalamazoo, MI 49009
<b>Applicant Telephone #:</b>	(269) 348-4375
<b>Administrator:</b>	ReNiya Takyi
<b>Name of Facility:</b>	Adella's Place
<b>Facility Address:</b>	924 N. Westnege Kalamazoo, MI 49007
<b>Facility Telephone #:</b>	(269) 348-4375
<b>Application Date:</b>	09/09/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

09/09/2019	Enrollment
09/10/2019	Application Incomplete Letter Sent- AFC 100 for Administrator Elisheva Hall
09/19/2019	Contact - Document Received- AFC 100 for Elisheva Hall
09/19/2019	Lic. Unit file referred for background check review- AFC 100 for Elisheva Hall
09/19/2019	File Transferred To Field Office Lansing
10/03/2019	Application Incomplete Letter Sent
02/06/2020	Application Incomplete Letter Sent- Documentation still needed.
02/28/2020	Application Incomplete Letter Sent- Documentation still needed.
05/14/2020	Inspection Completed On-site
05/14/2020	Inspection Completed-BCAL Sub. Compliance
05/15/2020	Comment- Special Certification Application Sent
05/22/2020	Special Certification Application and other documentation Received.
06/02/2020	Final documentation received. Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Adella's Place is a two-story, six-bedroom facility located on the city of Kalamazoo's North side. On file is a copy of a lease agreement between the property owner Country Management Properties, LLC and the applicant, as well as a written statement from the property owner granting the department permission to inspect the property. The main entrance leads into the facility's living room. Off the living room, to the front of the facility, is an employee office. To the left of the living room is a resident bathroom, equipped with both a shower and a bathtub. Towards the back of the house, is the facility's dining room, kitchen, one resident bedroom, stairway leading to the facility's second floor, a second means of egress and a stairway leading to the basement. Located on the facility's second floor, is four resident bedrooms, a storage room, and an additional resident bathroom, also equipped with both a shower and a bathtub. The facility is not wheelchair accessible.

An on-site inspection verified the facility meets the requirements of all applicable environmental health administrative licensing rules and the facility utilizes the public water supply and sewage disposal system.

An on-site inspection verified the facility is in substantial compliance with rules pertaining to fire safety. The facility intends to hold a certification for specialized programs, and is equipped with an interconnected multi-station smoke detection system with battery backup. The facility’s electric hot water heater and furnace are located in the facility’s basement and are separated from the remainder of the home by means of floor separation. Located at the top of the entrance leading into the basement is a 1 ¾ inch solid core door, installed in a substantially fully stopped wood frame, that is equipped with an automatic self-closing device and positive latching hardware. On file is written verification that the hot water heater and furnace are in good working condition. On file is written documentation confirming the small section of Wainscot wall paneling located in two resident bedrooms has a Class III (C) Flame Spread Rating.

Applicant requested the employee office also be approved for resident occupancy, in the event a resident with mobility impairments requires a bedroom located on the main floor. In the event this should occur, the employee office will be moved to a bedroom on the second floor. The employee office and resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (employee office)	9’7” X 12’9”	122	1
2	10’8” X 12’2”	130	1
3	12’ X 11’	132	1
4	6’5” X 20’8”	133	1
5	13’3” X 10’4”	137	2
6	9’7” X 12’9”	122	1

The living and dining room areas measure a total of 291 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 (6) 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 (6) residents who have been diagnosed with a mental illness and/or developmental disability. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of mentally ill and developmentally

disabled residents, as set forth in their AFC assessment plans, individual plans of service, community mental health treatment plans and/or behavioral treatment plans.

If required, behavioral intervention and crisis intervention programs will be developed and identified in residents' AFC assessment plans, individual plans of service, community mental health treatment plans and/or behavioral treatment plans. These interventions and programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency. The applicant acknowledged an understanding that staffing levels in the home must be sufficient to implement residents' AFC assessment plans, individual plans of service, community mental health treatment plans and/or behavioral treatment plans.

Both genders are accepted at the home. The applicant intends to accept residents who have private sources of payment for their care, as well as residents who receive assistance and support services through the community mental health agencies Integrated Services of Kalamazoo and Summit Pointe.

The applicant intends to provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence.

The licensee will provide all transportation for program and medical needs.

### **C. Applicant and Responsible Person 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.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant worked alongside her mother providing direct care to both the mentally ill and developmentally disabled populations in her mother's licensed adult foster care facilities for over twenty years. In April 2017 and June 2019, the applicant was issued an Adult Foster Care family home license, which included a certification of specialized programs for the mentally ill and developmentally disabled populations.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of two (2) staff –to- six (6) residents per shift. The applicant acknowledges that the two (2) staff –to- six (6) resident ratio can change to reflect any increase and/or decrease 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 other staff that are on duty and working at another facility to be considered 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 acknowledges 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](http://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 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 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 residents' 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**

Compliance with the licensing act and administrative rules related to the physical plant have been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license and temporary certification of specialized programs for the mentally ill and developmentally disabled populations, to this adult foster care small group home, with a capacity of six.

*Michele Streeter*

06/08/2020

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Michele Streeter  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

06/11/2020

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Dawn N. Timm  
Area Manager

Date