



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 31, 2020

Dilip Samadder & Alfred Samadder
26232 M-60
Cassopolis, MI 49031

RE: Application #: AS110404032
Emanuel
703 Hickory Street
Niles, MI 49120

Dear Dilip Samadder & Alfred Samadder:

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) 284-9730.

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

License #:	AS110404032
Applicant Name:	Dilip Samadder & Alfred Samadder
Applicant Address:	26232 M-60 Cassopolis, MI 49031
Applicant Telephone #:	(269) 445-5353
Administrator:	Dilip Samadder
Licensee Designee:	Alfred Samadder
Name of Facility:	Emanuel
Facility Address:	703 Hickory Street Niles, MI 49120
Facility Telephone #:	(917) 256-9745 03/17/2020
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/17/2020	Enrollment
03/19/2020	Contact - Document Sent Act booklets
03/19/2020	Application Incomplete Letter Sent App - Updated; add'l fee \$25; 1326's, RI-030's & FP's for Dilip & Alfred; AFC 100 for Admin
03/30/2020	Contact - Document Received Add' fee \$25; Ck #1172; 1326's for Dilip & Alfred
04/07/2020	Application Incomplete Letter Sent App - Box 16; RI-030 & FPs for Dlip; 1326, FPs & RI-030 for Alfred
04/20/2020	Contact - Document Received RI-030's for Dilip & Alfred; AFC100 for Dilip (Admin)
06/18/2020	Application Incomplete Letter Sent
06/19/2020	Contact - Document Received Program statement, Proposed staffing pattern, Education and Experience, training, Contracts.
06/24/2020	Confirming Letter Sent
07/08/2020	Inspection Completed On-site
07/16/2020	Confirming Letter Sent
07/16/2020	Contact - Document Received Transcripts for Alfred Samadder.
07/16/2020	Contact-Document Received Picture documentation of wall repairs and replaced electrical face plate.
07/17/2020	Confirming Letter Sent
07/21/2020	Contact - Document Received Recipient Rights and Safety training.
07/23/2020	Confirming Letter Sent
07/29/2020	Contact - Document Received Furnace and Fire Alarm Inspection dated 07/29/2020.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two-story, six-bedroom, vinyl-sided colonial style home located in an urban area of the city of Niles. There are numerous restaurants and stores located within a mile of the home. Numerous parks along the St. Joseph river are located within a mile from the home. Lakeland Hospital for resident medical services is also located within a mile from the home.

The home is located on a corner lot with a fenced front and side yard with no gate or lock. The home has a two-lane driveway and curbside access providing ample parking for visitors and staff. Two resident bedrooms are located on the main floor as well as a dining room, kitchen and one full bathroom. A large wooden staircase accessible from the dining room provides access to the second floor and an additional bathroom and two single resident bedrooms and one shared/semi-private resident bedroom. The home has a large deck accessible from the main floor in addition to a patio in the front yard. This home utilizes a public water supply and public sewage disposal system. An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules.

The gas furnace and hot water heater are located in the basement of the home, accessible by a door equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. Access to this basement area is located between the kitchen and dining room. The applicant provided documentation that the furnace was inspected by a licensed professional on 07/29/2020 and is in good working condition.

The facility is equipped with an interconnected hardwired smoke detection system which was inspected and is in good working condition by a licensed professional on 07/29/2020. 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	10 X 8	80	1
2	11 X 11	121	1
3	6'10" X 13	88	1
4	12 X 11	132	2
5	11 X 11	121	1

The indoor living and dining areas measure a total of 334 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 (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) male ambulatory adults whose diagnosis is developmentally disabled, mentally ill and/or aged, 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. Residents will be referred primarily from Riverwood CMH.

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 applicants to make provisions 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. The licensee will provide all transportation for resident programs and medical needs. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicants Alfred Samadder and Dilip Samadder have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. The applicants have submitted documentation appointing Alfred Samadder as the licensee designee for this facility and Dilip Samadder as the administrator for the facility.

Licensing record clearance requests were completed with no convictions recorded for Alfred Samadder and Dilip Samadder. Alfred Samadder and Dilip Samadder submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Alfred Samadder and Dilip Samadder have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home

rules. Dilip Samadder is currently the licensee designee for another AFC facility licensed to Dilip Samadder. Dilip Samadder and Alfred Samadder have provided direct care services to both the mentally ill and developmentally disabled populations for several years.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicants 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 applicants have indicated direct care staff will be asleep during sleeping hours.

The applicants 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 applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants 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 applicants 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 designee will administer medication to residents. In addition, the applicants have 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 applicants 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 applicants 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 applicants 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 applicants 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/authorization for each resident on an annual or as needed basis.

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

The applicants 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 applicants indicated the intent to respect and safeguard these resident rights. The applicants 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 applicants 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 applicants 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.

IV. RECOMMENDATION

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



07/29/2020

Eli DeLeon
Licensing Consultant

Date

Approved By:



07/31/2020

Dawn N. Timm
Area Manager

Date