



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 29, 2021

Shirley Benjamin
1202 North 8th St.
Niles, MI 49012

RE: Application #: AF110402243
Dawn's Foster Care
1202 North 8th Street
Niles, MI 49012

Dear Mrs. Benjamin:

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 3 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
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110402243
Applicant Name:	Shirley Benjamin
Applicant Address:	1202 North 8th Street Niles, MI 49120
Applicant Telephone #:	(269) 684-4315
Licensee:	Shirley Benjamin
Administrator:	N/A
Name of Facility:	Dawn's Foster Care
Facility Address:	PO Box 243 1202 North 8th Street Niles, MI 49120
Facility Telephone #:	(269) 635-7141
Application Date:	10/30/2019
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

10/30/2019	Enrollment
10/31/2019	Contact - Document Received Med cl's & TB's for Shirley, Joshoil, & Michelle
11/01/2019	PSOR on Address Completed
11/01/2019	Contact - Document Sent Rule & Act booklets
11/01/2019	Application Incomplete Letter Sent App - Box 16; 1326, FPs, RI-030 for Shirley; AFC100's for Joshoil & Michelle
11/25/2019	Contact - Document Received App - Box 16 corrected
11/25/2019	Contact - Document Received 1326A, RI-030, DL, & 100 for Shirley; 100's & DL's for Michelle & Joshoil
12/02/2019	Lic. Unit file referred for background check review Joshoil
12/03/2019	Comment GMC Packet sent for Joshoil Benjamin
02/14/2020	Comment TC with Shirley Benjamin-indicated Mr. Benjamin is no longer a household member. Will submit something in writing requesting he be moved from the home/BITS as household member.
02/24/2020	Comment Letter from Shirley Benjamin requesting that Joshoil Benjamin be removed as a household member as he no longer resides there. Consultant should check upon inspecting for licensing approval.
02/24/2020	Lic. Unit received background check file from review GMC assessment not needed completed Joshoil Benjamin is no longer a resident at facility.
07/12/2020	Contact-Document Received Furnace Inspection 04/01/2021.
08/24/2020	Application Incomplete Letter Sent

08/05/2021	Inspection Completed On-site
08/05/2021	Confirming Letter Sent.
09/03/2021	Inspection Completed On-site
09/03/2021	Confirming Letter Sent.
09/29/2021	Inspection Completed On-site
10/04/2021	Contact-Document Received Hand Railing Installation, New Doorknobs.
10/04/2021	Inspection Completed – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single-story wood frame home with an attached garage located in a residential area about one mile from downtown Niles. Spectrum Health Hospital is located only one mile from this home. Several restaurants and convenience stores are located within a mile radius of this home. The first floor of this home contains the licensee's personal living quarters, as well as the kitchen, two resident bedrooms, one full bathroom and large living area. The front entrance adjacent to the living area and rear entrance adjacent to the kitchen serves as a means of egress for the home. This facility is not wheelchair accessible. This facility utilizes a public water supply and public sewage system.

The furnace is forced air and located in the basement which is accessible through the kitchen on the main floor. The furnace is enclosed in a room constructed of material which has a 1-hour-fire-resistance rating and equipped with a 1 ¾ inch solid core door hung in a fully stopped wood frame and is equipped with an automatic self-closing device and positive latching hardware. The applicant provided documentation that the furnace was inspected by a licensed professional on 04/01/2021 and is in good working condition.

The facility is equipped with battery-powered, single-station smoke detectors have been installed near sleeping areas, in the living room, and the basement where the furnace is located.

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

Bedroom #`	Room Dimensions	Total Square Footage	Total Resident Bed
1	11' X 10'	110	1
2	11' 3" X 12' 4"	138	2

The indoor living and dining areas measure a total of 262 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 three residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to three ambulatory residents whose diagnosis is aged, developmentally disabled, physically handicapped, or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from St. Joseph County-DHS, St Joseph County CMH, or private pay individuals as a referral source.

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 applicant to utilize local community resources for recreational activities including public schools and libraries, local museums, shopping centers, and local parks. 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 applicant 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.

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 licensee of an adult foster care family home must reside in the home to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for three 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 acknowledges 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 indicates 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 acknowledges 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 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/as needed basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all 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 to document the date and amount of the adult foster care service fee paid each month and all resident 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. Rules or 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 three residents.



10/20/2021

Eli DeLeon
Licensing Consultant

Date

Approved By:



10/29/2021

Dawn N. Timm
Area Manager

Date