



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 17, 2022

Pamela Wilkins and Danielle Beville
1308 Jefferson Ave
Kalamazoo, MI 49006

RE: Application #: AS390407928
Closer To Home
1308 Jefferson Ave
Kalamazoo, MI 49006

Dear Pamela Wilkins and Danielle Beville:

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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390407928
Applicant Name:	Pamela Wilkins and Danielle Beville
Applicant Address:	4409 Clayborne Dr #306 Kalamazoo, MI 49009
Applicant Telephone #:	(269) 491-9832
Licensee Designee:	N/A
Administrator:	Pamela Wilkins and Danielle Beville
Name of Facility:	Closer To Home
Facility Address:	1308 Jefferson Ave Kalamazoo, MI 49006
Facility Telephone #:	(269) 350-5219
Application Date:	03/31/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/31/2021	Enrollment Online app download failure
04/05/2021	Application Incomplete Letter Sent 1326 & RI030 for Pamela & Danielle, AFC100 for Danielle
04/05/2021	Contact - Document Sent 1326, RI030 & AFC100
04/16/2021	Contact - Document Received 1326, RI030 & AFC100 for Pamela & Danielle
04/28/2021	Application Incomplete Letter Sent
08/16/2022	Contact-Document Received-Licensing Documents
08/28/2022	Contact-Document Received-Licensing Documents
09/30/2021	Contact-Document Received-Training Documents
11/02/2021	Contact-Document Received-Service Inspection Document
01/28/2022	Application Complete/On-site Needed
01/28/2022	Inspection Completed On-site
02/07/2022	Contact-Document Received-Pictures of siding/window repair
02/07/2022	Confirming Letter Sent
02/07/2022	Inspection Complete-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Closer to Home is located in the center of Kalamazoo, MI and sits directly across from a beautiful local park. The home is a traditional two-story home constructed of wood siding with an unfinished basement. The residents will not have access to the unfinished basement. The home is located in close proximity to hospitals, restaurants, and museums. The main level of the home includes a kitchen, dining room, living room, one full bathroom, one resident bedroom, a staff office, and a laundry room. The second floor of the home includes three resident bedrooms and one full bathroom. The home has two approved means of egress that can be accessed from the main floor however the home is not wheelchair accessible and cannot provide care to individuals who regularly use a wheelchair to assist with mobility. This home utilizes public water and sewage. 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 with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.1' x 10.1'	112 sq. ft.	1
2	11.3' x 10.2'	115 sq. ft.	1
3	17.3' x 11'	190 sq. ft.	2
4	15.5' x 10.5'	162 sq. ft.	2

The living, dining, and sitting room areas measure a total of ___416___ 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)** male ambulatory adults whose diagnosis is developmentally disabled and/or mental illness, 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. The applicant intends to accept residents from Kalamazoo County-DHHS, Kalamazoo County CMH, and private pay individuals as a referral source.

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

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

C. Applicant and Administrator Qualifications

The applicants have 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.

The applicants have submitted documentation appointing Pamela Wilkins and Danielle Beville as co-Licensees and co-Administrators of the facility.

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

Ms. Wilkins and Ms. Beville have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Wilkins managed an adult foster care home for twenty years and is currently a resident aide at the Kalamazoo Psychiatric Hospital. Ms. Beville has been a registered nurse since 2018 and is also currently employed at the Kalamazoo Psychiatric Hospital. Both Ms. Wilkins and Ms. Beville have provided direct care services to the mentally ill and developmentally disabled population for many years.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicants acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicants have indicated that direct care staff will be awake during sleeping hours.

The applicants 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 applicants acknowledge 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 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants 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 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 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 applicants 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 applicants 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 applicants 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 applicants 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 applicants 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 residents personal money transactions that have been agreed to be managed by the applicant.

The applicants 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 applicants 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 applicants 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 applicants acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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



Ondrea Johnson
Licensing Consultant

02/07/2022
Date

Approved By:



02/17/2022

Dawn N. Timm
Area Manager

Date