



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 22, 2023

Josephine Halder and Albert Halder
8887 Meadow Lane
Berrien Springs, MI 49103

RE: Application #: AF110415448
Josephine AFC Home
8887 Meadow Lane
Berrien Springs, MI 49103

Dear Josephine Halder and Albert Halder:

Attached is the Original Licensing Study Report for the above referenced home. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110415448
Applicant Name:	Josephine Halder and Albert Halder
Applicant Address:	8887 Meadow Lane Berrien Springs, MI 49103
Applicant Telephone #:	(269) 815-5030
Name of Home:	Josephine AFC Home
Home Address:	8887 Meadow Lane Berrien Springs, MI 49103
Home Telephone #:	(269) 815-5030
Application Date:	01/23/2023
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/23/2023	Enrollment
01/23/2023	PSOR on Address Completed
01/23/2023	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Josephine & Albert and signed AFC 100 for Jimmy Bairagee
01/30/2023	Contact - Document Received 1326/RI 030 for Josephine & Albert Halder and AFC 100 for Responsible Person
01/30/2023	Lic. Unit file referred for background check review ICHAT Jimmy Bairagee
02/08/2023	File Transferred To Field Office GR via SharePoint
02/09/2023	Application Incomplete Letter Sent
02/13/2023	Application Complete/On-site Needed
02/21/2023	Inspection Completed On-site
02/21/2023	Inspection Completed-BCAL Full Compliance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Home

Josephine AFC Home is a single story raised ranch-style home with a full basement and attached garage located in a residential neighborhood. The home is within walking distance of the village of Berrien Springs. This home is not wheelchair accessible.

On the main floor of the home there are three resident bedrooms: two for double occupancy and one for a single occupant. There is one full bathroom and one half-bath

for resident use on the main floor. There is a living room, dining area, and kitchen on the main floor as well.

The licensee and their family will live in the fully furnished basement of the home, which will not be occupied or used by residents. The basement contains a full kitchen, a living room, two bedrooms and a full bathroom. There are several egress windows. The basement also contains the gas, forced-air furnace, gas water heater, and laundry facilities. There is a 1 ¾" solid-core wood door with a self-closing device at the bottom of the stairs for appropriate floor separation for fire safety purposes.

The home has municipal water through the village of Berrien Springs and a septic system which was inspected and approved by the Berrien County Health Department. An inter-connected, hard-wired smoke detection system is installed and maintained. There are three fire extinguishers on the main level and one in the basement. This home has been previously licensed as first a small group and then a family home.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'7" X 9'10"	94 SF	1
2	11'8" X 13'6"	157 SF	2
3	13'3" X 15'	198 SF	2

The living room provides 247 square feet of space, and the dining room has 88 square feet of space for a total of 335 square feet. Based on the above information, it is concluded that this home can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the home's licensed capacity.

B. Program Description

Ms. Halder and Mr. Halder plan to admit male and female individuals who are between 18 and 65 years of age and who are mentally ill or developmentally disabled and will accept referrals from DHHS, community mental health, and other sources. Ms. Halder and Mr. Halder will accept private pay or state payment.

Ms. Halder and Mr. Halder intend to provide 24-hour supervision, protection and personal care in addition to room and board in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

Ms. Halder and Mr. Halder will provide transportation for program and medical needs in the local area and for local shopping. The home will provide for a variety of leisure and recreational activities and equipment, including TV with cable, books, walks, and in-home activities and exercise.

C. Applicant and Responsible Person Qualifications

A record clearance was completed with no convictions recorded for Josephine Halder, Albert Halder, and the responsible person. The applicant, member of the household, and responsible person submitted a medical clearance with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Halder and Mr. Halder have sufficient financial resources to provide for the adequate care of the residents as evidenced by their income from the currently operating AFC home, savings, and Ms. Halder's outside employment.

Ms. Halder and Mr. Halder acknowledge the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for five (5) residents will be the responsibility of Ms. Halder and Mr. Halder, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Ms. Halder and Mr. Halder have indicated that for the original license of this five-bed family home, there is adequate supervision with one responsible person on-site-for-five residents. Ms. Halder and Mr. Halder acknowledge that the number of responsible persons on-site-to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Ms. Halder and Mr. Halder acknowledge an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Halder and Mr. Halder 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.

Ms. Halder and Mr. Halder acknowledge an understanding of the administrative rules regarding medication procedures. In addition, Josephine Halder and Albert Halder 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.

Ms. Halder and Mr. Halder acknowledge their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents.

Ms. Halder and Mr. Halder acknowledge that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person or volunteers working directly with residents.

Ms. Halder and Mr. Halder acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person and volunteers.

Ms. Halder and Mr. Halder acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Halder and Mr. Halder acknowledge 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.

Ms. Halder and Mr. Halder acknowledge 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 required to be maintained within each resident's file.

Ms. Halder and Mr. Halder acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Halder and Mr. Halder acknowledge 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 the resident's personal money transactions that have been agreed to be managed by them.

Ms. Halder and Mr. Halder acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights and agrees to respect and safeguard these rights. Ms. Halder and Mr. Halder indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Halder and Mr. Halder acknowledge an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Halder and Mr. Halder indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Halder and Mr. Halder acknowledge 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice.

III. RECOMMENDATION

I recommend that a temporary license be issued to this Adult Foster Care Family Home with a capacity of five (5) residents.

Cassandra Duursma

2/22/23

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Russell Misiak

2/22/23

Russell B. Misiak
Area Manager

Date