



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 26, 2023

Stella Agonor
Bettercare AFC Inc.
2120 Cawdor Ct
Lansing, MI 48917

RE: Application #: AS330405235
Bettercare AFC
204 West Greenlawn Avenue
Lansing, MI 48910

Dear Ms. Agonor:

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 "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330405235
Applicant Name:	Bettercare AFC Inc.
Applicant Address:	2120 Cawdor Ct Lansing, MI 48917
Applicant Telephone #:	(517) 410-4331
Administrator:	Stella Agonor
Licensee Designee:	Stella Agonor
Name of Facility:	Bettercare AFC
Facility Address:	204 West Greenlawn Avenue Lansing, MI 48910
Facility Telephone #:	(517) 410-4331
Application Date:	07/30/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/30/2020	Enrollment Online enrollment
08/03/2020	Application Incomplete Letter Sent IRS ltr; 1326, RI-030, FPs & AFC100 for Stella (LD & Admin)
08/05/2020	Contact - Document Received 1326 & RI-030 for Stella (LD & Admin)
09/23/2020	Contact - Document Sent E-mail about IRS ltr
10/01/2020	Contact - Document Received IRS ltr
10/21/2020	Application Incomplete Letter Sent
05/05/2023	Application Complete/On-site Needed.
05/05/2023	Inspection Completed On-site
5/05/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two-story family home with a full basement, located at 204 West Greenlawn Avenue, in the city of Lansing, MI. The home is located in Lansing Township, Ingham County. The home has a large, covered porch and a fenced in back yard for resident use. The home has one full bathroom on the main level, which is equipped with a walk-in shower. There is also one shared resident bedroom on the main level. The living room, dining room, and kitchen are all centrally located on the main level. The upper level of the home is equipped with one full resident bathroom with a tub/shower combination. There are two shared resident bedrooms and one single resident bedroom on the second floor of the home. The home will have seven resident beds but will have a maximum capacity of six residents. The applicant acknowledges that the additional single room will be utilized in the event residents require separation. The basement is equipped with a staff sleeping room, shower and toilet for staff use. The washer and dryer are in the basement. The staff sleeping area has a dropped ceiling tile installed which the applicant has noted has a fire rating of "A". The home is not wheelchair accessible, and residents will need to be able to climb two to four stairs to enter the home as well as stairs to utilize second story bedrooms. There are two approved means of egress, one leading directly to the covered front porch area and the other is located on the side of the home, off the kitchen area, leading to the driveway.

This home is located in the city of Lansing and utilizes public water and public sewer systems.

The natural gas, water heater and furnace are located in the basement of the home, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of stairs. The applicant does have access to a portable generator, during power outages, but this generator is not kept on-site. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is also equipped with central air conditioning.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bdrm #1	15'4 x 9'4	144.23	2
Bdrm #2	7'3 x 8'5 10'5 x 6'8	130.47	2
Bdrm #3	13'2 x 15'6	204.09	2
Bdrm #4	10'5 x 15'2	157.99	1

The living, dining, and sitting room areas measure a total of 407.32 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 or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 CEI County CMH, or 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/arrange for 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 applicant is Bettercare AFC, Inc., which is a Not-for-Profit corporation and was established in Michigan, on 8/4/2017. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Bettercare AFC, Inc. have submitted documentation appointing Stella Agonor as Licensee Designee and Administrator for this facility.

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

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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 applicant 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 applicant has indicated that direct care staff will not be awake during sleeping hours. The applicant has reported that there will be sleeping staff between the hours of 11pm – 7am, during which time residents will be equipped with a call button in their rooms to alert staff in the event of an emergency.

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

The applicant acknowledges 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 acknowledges 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 acknowledges 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 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 acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures 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 or as necessary.

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

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

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

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

 05/08/2023

Jana Lipps Date
Licensing Consultant

Approved By:

 05/09/2023

Dawn N. Timm Date
Area Manager