



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2023

Shoheli Talukder
59296 Noah Lake Road
Three Rivers, MI 49093

RE: Application #: AF750413830
Noah Lake Adult Foster Care Home
59296 Noah Lake Road
Three Rivers, MI 49093

Dear Ms. Talukder:

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 that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF750413830
Applicant Name:	Shoheli Talukder
Applicant Address:	59296 Noah Lake Road Three Rivers, MI 49093
Applicant Telephone #:	(269) 273-3609
Name of Facility:	Noah Lake Adult Foster Care Home
Facility Address:	59296 Noah Lake Road Three Rivers, MI 49093
Facility Telephone #:	(269) 273-3609
Application Date:	07/28/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Noah Lake Adult Foster Care Home is a family home located in Three Rivers, Michigan. The home is in a residential neighborhood, half a mile from Noah Lake and two miles from the downtown area where there are many restaurants, stores and recreational opportunities. The home is a modular home with a finished basement. The residents will reside in the basement while the family will reside upstairs. The lower level also contains a living room, laundry room, dining room and full bathroom. There is a large backyard and patio that the residents will be able to utilize for socialization. The home is not wheelchair accessible and will only accept fully ambulatory residents. The home utilizes private water and sewer systems. An environmental health inspection was completed and was given a satisfactory rating.

The home utilizes a forced air gas furnace and water heater that is located in the upper level of the home with a 1-3/4 inch solid core door equipped with a self-closing hardware with a positive latching hardware. The home is equipped with a battery powered single station smoke detectors that are installed near the sleeping areas and the living room. Fire extinguishers are installed in both levels of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' 0" X 8' 11"	133.75	2
2	12' 7" X 17' 0"	213.92	2
3	12' 3" X 12' 6"	153.13	2

The living, dining, and sitting room areas measure a total of 303.72 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

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged 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 MDHHS and 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Shoheli Talukder. Ms. Talukder and responsible person, Hena Mondol submitted a medical clearance request with statements from a physician documenting their good health and current TB negative results. Ms. Mondol has operated a licensed family adult foster care home in Three Rivers, Michigan since 2012. The household consists of Ms. Talukder, her husband Mosharrof Talukder and their minor child, Megan Talukder. Mr. Talukder submitted a physical that indicated he is in good health.

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 along with outside employment. Mr. Talukder is currently employed at Walmart and manages his own business buying, refurbishing, and selling homes.

The applicant acknowledges 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 six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this six (6) bed family home, there is adequate supervision with one responsible person on-site for six residents. The applicant acknowledges that the number of responsible persons on-site one to six resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 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. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant 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(s), responsible person(s) and volunteer(s).

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, 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 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges 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.

IV. RECOMMENDATION

I recommend the issuance of a six-month temporary family adult foster care home license.

Nile Khabeiry, LMSW

2/24/23

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Russell Misiak

2/24/23

Russell B. Misiak
Area Manager

Date