



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 31, 2024

Jill Long
393 East Girard Road
Coldwater, MI 49036

RE: Application #: AS130415450
Kerak Hill Top
14079 Stone Jug Rd
Battle Creek, MI 49015

Dear Mrs. Long:

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,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130415450
Licensee Name:	Jill Long
Licensee Address:	393 East Girard Road Coldwater, MI 49036
Licensee Telephone #:	(269) 565-3109
Administrator	Jill Long
Licensee Designee:	Jill Long
Name of Facility:	Kerak Hill Top
Facility Address:	14079 Stone Jug Rd Battle Creek, MI 49015
Facility Telephone #:	(931) 217-7606
Application Date:	01/23/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

01/23/2023	On-Line Enrollment
01/26/2023	Inspection Report Requested - Health
01/26/2023	Application Incomplete Letter Sent
02/21/2023	Inspection Completed On-site Env. Health A Rating
04/04/2023	PSOR on Address Completed
04/04/2023	File Transferred To Field Office
04/04/2023	Application Incomplete Letter Sent
06/21/2023	Contact - Telephone call made
08/15/2023	Contact - Telephone call made
10/04/2023	Contact - Telephone call received
04/26/2024	Contact - Telephone call received
04/26/2024	Application Incomplete Letter Sent
05/23/2024	Contact - Document Received
05/24/2024	Contact - Document Sent
05/24/2024	Application Complete/On-site Needed
05/31/2024	Inspection Completed On-site
05/31/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Kerak Hilltop is a one-story ranch home with an adjacent licensed facility inhabiting the basement level, located at 14079 Stone Jug Rd Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores, as well as several churches and Bronson Battle Creek Hospital located within eight miles of the home. Direct care staff and visitor parking is located near the front entrance of the home on a paved and gravel horseshoe driveway.

On the main floor is three full bathrooms, four half bathrooms, a large great room, dining area, kitchen, and six resident bedrooms. Each of the six resident bedrooms are single, private resident bedrooms. Resident bedroom # 1 and 3 share a bathroom, while the remaining bedrooms have private bathrooms.

A wheelchair accessible ramp is located at the side entrance of the home and extends across the length of the home leading directly to ground level onto concrete. A second entrance/exit located at the front of the home includes a wheelchair accessible ramp that extends past the length of the home leading directly to ground level onto concrete. The group home is completely barrier free and wheelchair accessible with these two approved means of egress.

The group home utilizes private sewer and private water supply disposal systems. The group home was found to be in substantial compliance with applicable environmental health rules after an inspection from the Calhoun County Health Department on 2/21/23. The furnace and hot water heater use natural gas and located in the basement. The furnace and hot water heater were inspected by a licensed professional on 4/16/24 and found to be in fully operational order.

The basement is accessible from the main level of the home by the stairs in the great room and a second set of stairs past Resident bedrooms # 5 and 6. The two basement doors are constructed of 1 ¾ -inch fire rated solid core doors equipped with automatic self-closing devices and positive latching hardware creating a floor separation from the first floor of the home to the basement.

The group home is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the home. The group home is equipped with fire extinguishers located in the laundry room, hanging on the wall outside Resident bedroom # 5 and 6 and in the basement. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' X 15'	195 sq. ft.	1
2	12' X 18'	216 sq. ft.	1
3	12' X 12'	144 sq. ft.	1
4	12' X 12'	144 sq. ft.	1
5	12' X 12'	144 sq. ft.	1
6	12' X 12'	144 sq. ft.	1

The indoor living and dining areas measure a total of 819 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 six (6) residents only. It is the licensee's responsibility not to exceed the 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 and/or female ambulatory and non-ambulatory adults whose diagnosis is physically disabled and mentally ill 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. Residents will be referred primarily from Summit Pointe, Carewell Service Southwest, and Senior Care Partners.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including those listed above. These resources provide an environment to enhance the quality of life of residents.

C. Rule/Statutory Violations

The applicant is Mrs. Jill Long who is listed as the licensee designee and administrator. 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 small group home.

A licensing record clearance request was completed with no convictions recorded for Jill Long. Mrs. Long submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results.

Mrs. Jill Long has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Long has owned a licensed AFC which operated from January 2019 through present then opened another licensed AFC in September 2022 which she continues to successfully operate. Mrs. Long has provided direct care to residents with mental illness, developmentally disabled, physically handicapped and aged for the last 5 years and has completed required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged 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 and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

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 basis.

The applicant acknowledged the 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 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged that residents with mobility impairments may only reside on the main floor of the group home.

D. Rule/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 temporary license to this AFC adult small group home capacity of six (6) residents.

Kevin L Sellers

5/31/24

Kevin Sellers
Licensing Consultant

Date

Approved By:

Russell Misiak

6/4/24

Russell B. Misiak
Area Manager

Date