



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 9, 2024

Angelique Mathis  
P.O. Box 301  
Niles, MI 49102

RE: Application #: AS110418243  
Echols Assisted Living  
9556 Pucker St  
Berrien Center, MI 49102

Dear Angelique Mathis:

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 5 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 "Rodney Gill".

Rodney Gill, 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**

<b>License #:</b>	AS110418243
<b>Licensee Name:</b>	Angelique Mathis
<b>Licensee Address:</b>	9556 Pucker BERRIEN CENTER, MI 49102
<b>Licensee Telephone #:</b>	(720) 846-1787
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Echols Assisted Living
<b>Facility Address:</b>	9556 Pucker St Berrien Center, MI 49102
<b>Facility Telephone #:</b>	(720) 846-1787
<b>Application Date:</b>	02/09/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

02/09/2024	On-Line Enrollment
02/12/2024	PSOR on Address Completed
02/12/2024	Contact - Document Sent Forms sent
02/14/2024	Contact - Document Received IRS Letter, 1326/RI030
02/20/2024	File Transferred to Field Office
02/21/2024	Application Incomplete Letter Sent
04/08/2024	Application Incomplete Letter Sent
04/17/2024	Application Incomplete Letter Sent Corrections needed.
05/28/2024	Application Incomplete Letter Sent Updated received items, what is still needed.
06/12/2024	Application Incomplete Letter Sent Sent again and discussed what is needed before on-site can be scheduled.
07/28/2024	Contact - Telephone call received from licensee Angelique Mathis requesting consultation and technical assistance. Text message left requesting a return call.
07/30/2024	Contact - Telephone call made to Ms. Mathis. I provided consultation and technical assistance regarding this enrollment specifically additional documentation needed and physical plant requirements.
08/28/2024	Contact - Telephone call made to Ms. Mathis to provide consultation and technical assistance regarding documentation still needed for her enrollment and to change the date and time of the Original onsite inspection. The inspection is scheduled for 8/29/24 at 11:00 a.m.
08/28/2024	Application Complete/On-site Needed

08/29/2024	Inspection Completed On-site
09/09/2024	Inspection Completed-BCAL Full Compliance
09/09/2024	Recommend License Issuance
09/09/2024	LSR Generated
09/09/2024	Inspection Report Requested – Health
10/16/2024	Contact – Document Sent
	I provided additional consultation and technical assistance to Ms. Mathis regarding the Special Certification process and emailed a Certification of Specialized Program Application for Certification with examples of how to fill out the application correctly.
10/16/2024	SC-Application Received – Original
09/24/2024	Inspection Completed-Env Health – A
10/22/2024	SC-Recommend MI and DD
10/23/2024	Original License Issued
10/23/2024	SC-Certification issued MI and DD
10/23/2024	SC-Intent Letter Sent

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Echols Assisted Living is a ranch style home located on 1.85 acres in a country location. The facility has white vinyl siding with a large wooden deck out front where residents can enjoy the outdoors. The inside of the facility has a comfortable, clean, homey feel with vinyl plank flooring in the living areas and fresh carpeting in the bedrooms.

The home has a nice sized backyard surrounded by woods and driveway for staff and visitor parking. The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility.

The facility has a private well, sewer, and septic system. The Berrien County Health Department completed an onsite inspection on 9/24/24 and found the facility to be in substantial compliance with applicable rules.

The facility is equipped with a Wireless Interconnected Combination Smoke and Carbon Monoxide Detector system that meets fire safety rule requirements. The facility has multiple fire extinguishers on the only floor and direct care staff members (DCSMs) are aware of their location and trained how to properly use them. I ensured residents could easily open windows in their bedrooms if necessary.

I reviewed the facility fire, tornado, and medical emergency plans to ensure licensing rules and regulations would be adhered to.

The facility has a gas-powered furnace and water heater that are installed in a fixed and permanent manner and in accordance with a manufacturer's instructions and both have been maintained in a safe manner. The furnace, air conditioner, and smoke detectors were inspected by Boss Services on 4/19/24. The furnace was found to be clean and showing no signs of concern. The heat exchanger had no cracks or excessive heat stress and was operating normally at the time of inspection and components like the capacitor and contactor were not weak or out of tolerance by any means. The air conditioner was also inspected and when running was operating at a 21-degree temperature drop. All smoke detectors were inspected and operating normally according to documentation provided by Boss Services.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4 x 12'.3"	165	2
2	13' x 10'	130	2
3	8'8" x 10'	88	1
Living room	15'2" x 12'3"	187	
Dining room	12'9" x 10'	129	

Given the sizes of the bedrooms and one to two residents per room, the facility's bedroom space meets the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The indoor living and dining areas measure a total of 316 square feet of living space. This exceeds the minimum of 35 square feet of indoor living space per occupant, exclusive of bathrooms, storage areas, hallways, kitchens, and sleeping areas. Based on the above information, this facility can accommodate five 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 five male or female residents between 18 and 99 years of age who are physically handicapped, developmentally disabled, mentally ill, aged and require some level of assistance with activities of daily living (ADL).

The applicant's program statement indicates Echols Assisted Living will provide supported community living and personal care services to residents who may or may not be aged and suffer from developmental, mental, or physical handicaps in a clean, comfortable, secure, and accessible environment.

The applicant indicated residents will be provided 24-hour care which is designed to assist the resident with daily living and related activities based on individual needs and requests. The applicant indicated the goal is to provide the residents with quality care and non-medical services in a family-like setting. Each resident will be treated like family with dignity and respect.

The applicant will offer long-term guidance by providing personal care, protection, and supervision in addition to room and board, as well as uplifting promoting and supporting services in a home-based setting.

Services provided by the home and covered under the daily rate will include:

- Supervision by trained staff.
- Information and referral services.
- Leisure time support services.
- Assistance with activities of daily living and independent living skills.
- Health monitoring services and nursing consultation.
- Meals and nutritious snacks and accommodation for special diets.
- Provided transportation for residents to participate in community activities, arrange for transportation to and from work, medical appointments, education and religious services.
- Individualized service planning.
- Assistance in communication with family, friends, and professionals.

- Community activities. These services are provided to support successful community inclusion, to maximize independence, to promote individual choices, and to enhance the quality of life for adult residents of all ages.

The facility is in a country setting but there are restaurants, parks, shopping centers, recreational activities, public libraries, hospitals, physicians, and other medical professionals located nearby. These resources can be used to enhance the quality of life and increase the independence of the residents living at the facility.

The applicant has no current contracts with referring agencies and intends to initially accept private sources of payment.

### **C. Applicant and Administrator Qualifications**

The applicant is Angelique L. Mathis. No limited liability company (LLC) has been established. The applicant submitted her annual credit report and proposed annual budget statement projecting expenses and income to demonstrate the financial capability to operate this adult foster care (AFC) small group home.

The applicant appointed herself to be the administrator for this facility. Ms. Mathis has sufficient credentials, experience, and the required training to work in this capacity as she has provided direct care to the desired program types for more than a decade and currently works as a direct care staff member (DCSM). Ms. Mathis has a history of working as a patient care technician (PCT). A current licensing record clearance, medical clearance, and tuberculosis (TB) test are on file for Ms. Mathis.

The applicant has sufficient experience with required AFC licensing records and documentation.

The applicant provided a current Adult First Aid/CPR/AED Certificate of Completion.

The personnel policies, job descriptions, admission/discharge policy, financial projections, staff files, paperwork required for resident files, emergency plans, staff training modules and program description were reviewed and met licensing requirements.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one DCSM per five residents on each shift. The applicant acknowledged that the DCSM to resident ratio may need to be decreased 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 has indicated DCSMs working the overnight shift can rest unless 24-hour care is needed by one or more of the residents. DCSMs working third shift must complete one-hour resident checks.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs 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](http://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 DCSMs that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet or medication cart and that 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 DCSM 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 DCSM 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 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 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 impaired physical mobility requiring a wheelchair to ambulate will not be admitted because the facility is not handicapped accessible.

#### **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 1-5).



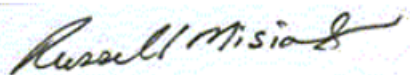
10/22/24

---

Rodney Gill  
Licensing Consultant

Date

Approved By:



10/23/24

---

Russell B. Misiak  
Area Manager

Date