



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 23, 2024

Alverna Smith
LMA Homes LLC
515 Egleston
Kalamazoo, MI 49001

RE: Application #: AS390418634
Lenora AFC 2
515 Egleston Ave
Kalamazoo, MI 49001

Dear Alverna Smith:

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. 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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
269-350-6286

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418634
Licensee Name:	LMA Homes LLC
Licensee Address:	515 Egleston Kalamazoo, MI 49001
Licensee Telephone #:	(813) 410-6636
Licensee Designee:	Alverna Smith
Administrator:	Alverna Smith
Name of Facility:	Lenora AFC 2
Facility Address:	515 Egleston Ave Kalamazoo, MI 49001
Facility Telephone #:	(813) 410-6636
Application Date:	07/03/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/03/2024	On-Line Enrollment
07/08/2024	PSOR on Address Completed
07/08/2024	Contact - Document Sent forms sent
07/18/2024	Contact - Document Received
07/22/2024	File Transferred To Field Office
07/22/2024	Application Incomplete Letter Sent
08/01/2024	Contact - Document Received-Facility/Licensee Records
08/03/2024	Contact - Document Received-Facility/Licensee Designee Records
08/06/2024	Contact - Document Received-Revised Program Statement
09/09/2024	Contact - Document Received-Staffing pattern, BCHS 100 form
09/09/2024	Application Complete/On-site Needed
09/10/2024	Inspection Completed On-site
09/10/2024	Confirming Letter Sent
09/18/2024	Inspection Completed On-site
09/20/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lenora AFC 2 is a two-story home with vinyl siding located in the city of Kalamazoo near an elementary school, local grocery stores, Bronson Park, Kalamazoo Public Library and Bronson Hospital. The home includes an unfinished basement that will be used for storage and occupied as a live-in staff member by the licensee designee. Residents will not have access to the basement of the home. The main level includes an open floor plan with a kitchen, dining space, and living room. The main level also includes one resident bedroom and a full resident bathroom equipped with a shower/tub. The upper level of the home includes a laundry space, three resident bedrooms, and a full resident bathroom equipped with a shower/tub. The home is not

wheelchair accessible. The home utilizes public water supply and a public sewage disposal system.

There is a gas furnace and water heater located in the basement of the home. The door to the basement is equipped with a 1-3/4-inch solid core door with automatic, self-closing and positive latching hardware located at the top of the stairs. The home is equipped with interconnected, hardwire smoke detection system which was inspected on 7/1/2024 and determined to be fully operational. The home is equipped with fire extinguishers which are located on each floor 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	10'10" x 7'7"	82 sq ft	1
2	11'5" x 8'9"	99 sq ft	1
3	8'9" x 11'5"	99 sq ft	1
4	11'4" x 14'4"	162 sq ft	2

The indoor living and dining areas measure a total of 223 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 5 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to five male and/or female residents who are mentally ill, developmentally disabled and traumatically brain-injured. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills and opportunity for involvement in educational, day programs, employment and transportation. The applicant intends to accept referrals from Kalamazoo County DHHS, Community Mental Health agencies, Veterans Administration and from residents with private sources for payment.

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 the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is LMA Homes, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 7/9/2024. 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 members of LMA Homes, L.L.C. have submitted documentation appointing Alvena Smith as licensee designee and administrator for this facility.

Criminal history background check of the applicant and administrator, Alvena Smith, was completed and she was determined to be of good moral character to provide licensed adult foster care. Alvena Smith submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Alvena Smith have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Alvena Smith has worked as a licensed practical nurse since 2015 and has over one year experience working as a direct care staff in an adult foster care home with mentally ill, developmentally disabled and traumatic brain injured populations.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff for 5 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 has 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 acknowledges 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 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 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 of the resident's 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 facility.

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

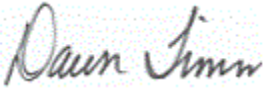
I recommend issuance of a temporary license for a small group home facility with a capacity of five (5) residents.



Ondrea Johnson
Licensing Consultant

9/20/2024
Date

Approved By:



09/23/2024

Dawn N. Timm
Area Manager

Date