



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

September 27, 2004

Latha Smith  
1430 Lawndale  
Niles, MI 49120

RE: Application #: AF110268528  
Smith's Family Home  
1430 Lawndale  
Niles, MI 49120

Dear Mrs. 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 3 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Monte Bender, Licensing Consultant  
Office of Children and Adult Licensing  
322 E. Stockbridge Avenue  
Kalamazoo, MI 49001  
(269) 337-5285

Enclosure.

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF110268528
<b>Applicant Name:</b>	Latha (Fay) Smith
<b>Applicant Address:</b>	1430 Lawndale Niles, MI 49120
<b>Applicant Telephone #:</b>	(269) 684-7137
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Smith's Family Home
<b>Facility Address:</b>	1430 Lawndale Niles, MI 49120
<b>Facility Telephone #:</b>	(269) 684-7137
<b>Application Date:</b>	07/12/2004
<b>Capacity:</b>	3
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

Directions to the Facility – From Kalamazoo, south on US-131 to Three Rivers; south of Three Rivers travel west on M-66 to Niles; M-66 joins with US-12, travel west on US-12 to M-51 exit to South Bend, In.; as soon as one gets onto M-51 to South Bend, turn left at the first opportunity onto Lawndale Avenue. The facility is located near the end of Lawndale Avenue on the right (south) side of the street.

## **II. METHODOLOGY**

07/12/2004	Enrollment
07/15/2004	Application Incomplete Letter Sent Sent letter requesting 1326 for Izell
07/20/2004	Contact - Document Received 1326 for Izell rec'd
07/27/2004	Inspection Report Requested - Health
07/29/2004	Comment File received from CO.
08/04/2004	Contact - Document Sent Ltr to licensee id licensing consult.
08/04/2004	Contact - Document Sent Ltr identifying documents needed.
08/11/2004	Inspection Completed-Env. Health: A
08/24/2004	Inspection Completed On-site
08/24/2004	Inspection Completed-BFS Sub. Compliance
08/26/2004	Corrective Action Plan Received Original.
09/24/2004	Corrective Action Plan Approved Original.

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

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

- Property Ownership – A loan statement has been provided to this consultant by the licensee. It indicates the owners of the property are the licensee and her husband. The licensee is in compliance with applicable rules for adult foster care family homes.
- Description of the Structure – The structure is a bricked wood frame structure with the living area located on the main floor, and a basement where the furnace, water heater, clothes washer and clothes dryer are located. There is a large living/formal dining room, kitchen and informal dining area, front smaller living room, a full bathroom and three bedrooms (two resident bedrooms and the

master bedroom) located on the first floor. The facility is equipped with natural gas fired furnace and water heater and is central air-conditioned. The facility is connected to the public sewer system, but a private well is used for the water source. The basement does have a recreational area that will be used by residents. No residents will be sleeping in the basement.

- Square Footage of Bedrooms and Living Space –

Living/formal dining area	(23' 03" x 19' 08")	=	457 sq. ft.
Informal dining area	(08' 10" x 11' 08")	=	102 sq. ft.
Small living room	(11' 04" x 18' 07")	=	210 sq. ft.
Master bedroom	(11' 04" x 11' 08")	=	132 sq. ft.
Resident bedroom #1 (2 bed)	(11' 07" x 11' 10")	=	136 sq. ft.
Resident bedroom #2 (1 bed)	(11' 03" x 08' 00")	=	90 sq. ft.
Basement recreation room	(11' 03" x 21' 00")	=	236 sq. ft.

The resident bedrooms are large enough to accommodate 3 residents. The living/formal dining room, the informal dining area and the small living room offer enough square footage (769 sq. ft.) to accommodate the five occupants (the licensee and her spouse and the maximum of 3 AFC residents).

- Sanitation – The facility was inspected by the county health department and achieved an A rating. The facility is serviced by a private well and a public sewer system.
- Fire Safety – Interior finish materials were determined to be of Class C or better throughout. There is floor separation between the upper living area and the basement area by a 1 ¾ inch door equipped with non-locking-against-egress hardware and a self-closing device. Fire exits are located off the small living room leading to the front of the house and one off the back door leading from the dining area to the back yard. There is a third fire exit leading from the living/formal dining area to the back yard as well. Fire extinguishers are located on each floor. Smoke alarms are located outside the sleeping area and throughout the rest of the home. The facility is in compliance with applicable rules for adult foster care family homes.

## **B. Program Description.**

### **Administrative Structure.**

- Organizational Structure – Latha (Fay) Smith is the licensee. Her husband, Izell Smith, will assist the licensee primarily with maintenance issues, but will be available for some direct care when needed. The licensee has identified a person who is available for up to 72 hours of emergency care when needed. The licensee is maintaining a record for the identified responsible person.

- Good Moral Character – The Licensee Clearance Requests (OCAL-1326) indicate compliance with the administrative rules. The licensee has been informed that she is responsible for determining the good moral character of any person who is left in charge of the residents in her absence.
- Financial Stability and Capability – A review of the application and supporting financial documents indicate substantial compliance with the applicable rules relating to financial capability of the licensee.
- Disclosure of Ownership Interest – A home loan statement is on file, as documentation the facility is owned by the licensee and husband.

#### Qualifications and Competencies.

- Training – The licensee has worked a number of years as a provider of care to disabled individuals. She is certified as having been trained for first aid and CPR. She has demonstrated her knowledge of the requirements of the administrative rules for adult roster care family homes. In addition, the licensee has received approved training from community mental health.
- Health – A review of the application and supporting documents, such as the medical evaluation and TB test results indicate substantial compliance for she and her husband.

#### Program Information.

- Admission/Discharge – The licensee prefers to care for men who experience physical handicaps or those with developmental disabilities between the ages of 18 to 60 years. Residents must be ambulatory. Wheelchair bound residents are not accepted. Smokers are welcome but must follow the home rules on smoking. Short-term care may be available.
- Transportation – Countywide transportation is available by arrangement. The licensee will transport residents to appointments, if needed.
- Recreation – Resident social/recreational activities include television, radio and stereo. Outings for shopping and other activities are also intended.

#### Facility and Employee Records.

- Facility Records – A review of the rules governing resident records and emergency preparedness plans indicate substantial compliance with the applicable rules.

- Staff Records – There are no staff planned. The licensee has identified one person who may assist her on an emergency basis. The record indicates substantial compliance with applicable rules.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

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Monte Bender  
Licensing Consultant

Date

Approved By:

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Gregory V. Corrigan  
Area Manager

Date