



STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

JOHN ENGLER
GOVERNOR

NOELLE A. CLARK
DIRECTOR

October 29, 2002

Barry Bruns
Homelife Inc
5420 A Beckley Rd
Battle Creek, MI 49015

RE: Application #: AS390252741
10633 West J. Ave.
10633 West J. Ave.
Kalamazoo, MI 49009

Dear Mr. Bruns:

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 recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Greg Corrigan, Area Manager, at (269) 544-1270.

Sincerely,

Kathleen Mazzola, Licensing Consultant
Bureau of Family Services
2nd Floor
890 North 10th Street
Kalamazoo, MI 49009-9178
(269) 544-1274

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS390252741 |
| Applicant Name: | Homelife Inc |
| Applicant Address: | 5420 A Beckley Rd Battle Creek, MI 49015 |
| Applicant Telephone #: | (269) 660-0854 |
| Administrator/Licensee Designee: | Barry Bruns, Designee |
| Name of Facility: | 10633 West J. Ave. |
| Facility Address: | 10633 West J. Ave. Kalamazoo, MI 49009 |
| Facility Telephone #: | (269) 353-1809 |
| Application Date: | 10/02/2002 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|--|
| 09/05/2002 | Inquiry |
| 09/25/2002 | Inspection Completed-Env. Health : A |
| 10/02/2002 | Enrollment |
| 10/09/2002 | Contact - Face to Face |
| 10/25/2002 | Inspection Completed On-site |
| 10/25/2002 | Inspection Completed-BFS Full Compliance |
| 10/25/2002 | Inspection Completed-Fire Safety : A |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a walkout ranch home having resident bedrooms on both levels. Included on both floors are resident bathrooms and living rooms. A kitchen and dining area are located on the main floor. All resident bedrooms meet the area requirements for small group homes as stipulated in the Small Group Home Rule Book. This home is on a private well and septic system. The Kalamazoo County Health Department report is included in the file. A smoke detection system has been installed in accordance with the requirements of AFC rules for small group homes. On 10/25/02, the licensing consultant determined this home is in full compliance with all Adult Foster Care rules governing small group homes.

B. Program Description

The applicant prefers to provide care to Mentally Ill male and female residents who are at least eighteen years of age. Wheelchair residents cannot be accommodated. SSI and private pay residents will be accepted. The applicant has applied for a Special Certification for the Mentally Ill. Smoking is permitted in a smoking area off the dining area only. At no time is smoking permitted in the resident bedrooms.

The ratio of staff to residents during both the waking and non-waking hours is two staff to six residents unless it is determined by the licensing consultant that additional staff is necessary.

The applicant has provided evidence of good moral character and medical clearances, including evidence that staff are of good moral character and are free from communicable tuberculosis. References are checked as part of the hiring practices.

The applicant has demonstrated substantial compliance with rules governing financial stability and capability as evidenced by information disclosed on the application.

The applicant was provided with all necessary forms to be in full compliance with quality of care rules related to residents. Compliance with quality of care rules will be evaluated further when the home is licensed and providing care to residents.

C. Rule/Statutory Violations

All rule violations cited during the preliminary inspection have been corrected.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home (capacity 6).

Kathleen Mazzola Date
Licensing Consultant

Approved By:

Greg Corrigan Date
Area Manager