



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

September 25, 2006

Barbara Guerrero
224 Fremont
Battle Creek, MI 49017

RE: Application #: AF130285028
Benevolent Adult Care Home
224 Fremont
Battle Creek, MI 49017

Dear Ms. Guerrero:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 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,

Kenneth Tindall, Licensing Consultant
Office of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5264

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF130285028
Applicant Name:	Barbara Guerrero
Applicant Address:	224 Fremont Battle Creek, MI 49017
Applicant Telephone #:	(269) 420-4341
Administrator/Licensee Designee:	N/A
Name of Facility:	Benevolent Adult Care Home
Facility Address:	224 Fremont Battle Creek, MI 49017
Facility Telephone #:	(269) 420-4341 07/27/2006
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED MENTALLY ILL

II. METHODOLOGY

07/27/2006	Enrollment
08/22/2006	Inspection Completed On-site
08/22/2006	Inspection Completed-BFS Sub. Compliance
08/24/2006	Contact - Document Received CAP
09/24/2006	Contact - Document Received proof of ownership
09/25/2006	Corrective Action Plan Received
09/25/2006	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description of Structure:

This home was previously licensed and an Adult Foster Care Family Home (AF130248308). This is a two-story wood frame structure with a full basement. There is a full bathroom and one private resident bedroom on the 1st floor, and a full bathroom and four resident bedrooms (3 private and 1 double occupancy) on the 2nd floor. The licensee's bedroom is on the 1st floor. The home also has a kitchen, dining room, living room, front exterior porch, back exterior deck, and detached garage. A gas-fired furnace and water heater are located in the basement. Residents will not occupy the basement. On file is verification the licensee owns this property, with a mortgage thru Chase Bank USA, N.A.

2. Square Footage of Bedrooms and Living Space:

Documentation on file verifies compliance with space requirements.

3. Environmental Health and Sanitation:

On 8.22.06 I conducted an on-site inspection and found the home to be in substantial compliance with rules pertaining to environmental health and sanitation. The home is connected to public water and sewer systems.

4. Fire Safety:

A fire safety inspection conducted on 8.22.06 found this facility to be in substantial compliance with rules pertaining to fire safety. Documentation on file verifies the furnace was inspected by a licensed contractor on 8.13.06 and found to be in good working order.

B. Program Description

The licensee proposes to provide care for the mentally ill, developmentally disabled, aged, physically handicapped and traumatic brain injured populations. Both genders will be accepted and residents must be at least 18 years old. Smokers may be accepted but must smoke in designated areas outside the home. Residents in wheelchairs cannot be accommodated. The licensee will accept private pay and SSI recipients. The licensee's admission and discharge policies are on file and are consistent with AFC Family Home rules. The licensee's written refund policy is also on file.

Emergency transportation is available by dialing 911. There is also public transportation available. The licensee will provide transportation to medical appointments, and other transportation services would be described in the resident care agreements.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to the home as well as resident and employee record keeping, including the handling and accounting of resident funds. The licensee was provided with all necessary resident record forms to permit rule compliance.

There will be at least one direct care staff on duty, 24 hours every day, unless there are no residents in the home. The licensee and at least one responsible person will provide resident care. Medical and record clearance documentation is on file for the licensee and indicates applicable rule compliance.

The licensee was informed of the requirement that she must assess the suitability/moral character of any person who provides direct care to residents, and the criminal background check requirement of Michigan Public Act 29 for any hiring or contracting of persons who provide direct services to residents.

A review of the application and supporting documents on file indicates substantial compliance with rules pertaining to financial capability of the licensee.

C. Conclusion:

This study is based upon Act No. 218 of the Public Acts of 1979, as amended, and the Administrative Rules governing the operation of Adult Foster Care Family Homes. The findings indicate this applicant is in substantial compliance with the Act and administrative rules.

C. RECOMMENDATION

Based on the findings it is recommended a six-month temporary license be issued to this Adult Foster Care Family Home (capacity 6).

Kenneth Tindall

9.25.2006

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

9.25.2006

Gregory V. Corrigan
Area Manager

Date