



JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
DIRECTOR

November 9, 2006

Leotha Rogers
1201 Hays Park Ave.
Kalamazoo, MI 49001

RE: Application #: AF390271272
Rogers Leotha
1201 Hays Park Avenue
Kalamazoo, MI 49001

Dear Ms. Rogers:

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 2 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,

A handwritten signature in cursive script that reads "Monte Bender".

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

Enclosure.

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

I. IDENTIFYING INFORMATION

License #:	AF390271272
Applicant Name:	Leotha Rogers
Applicant Address:	1201 Hays Park Ave. Kalamazoo, MI 49001
Applicant Telephone #:	(269) 342-6275
Administrator/Licensee Designee:	N/A
Name of Facility:	Leotha Rogers Home
Facility Address:	1201 Hays Park Ave. Kalamazoo, MI 49001
Facility Telephone #:	(269) 342-6275
Application Date:	10/29/2004
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

10/29/2004	Enrollment
11/12/2004	Application Incomplete Letter Sent GMC letter sent for Leotha Rogers
01/06/2005	File Transferred To Field Office Kalamazoo
01/12/2005	Letter of Introduction To Applicant.
01/12/2005	Letter Outlining the Requirements To Applicant.
02/07/2005	Initial On-site Inspection.
02/08/2005	Letter of Findings of Inspection Sent to Applicant.
05/12/2005	Letter Identifying Needed Documentation.
08/11/2006	On-site follow-up inspection.
08/14/2006	Letter of Findings of Inspection Sent to Applicant.
11/08/2006	Documents received.
11/09/2006	Inspected Completed BFS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

- Property Ownership – The licensee has provided a copy of the Notice of Assessment for property taxes. The document serves as documentation of ownership of the property for the licensee. Substantial compliance achieved.
- Description of the Structure – The licensee reported that she has someone who rents the 2nd floor of the structure. That person has a separate entrance and does not enter or exit through the adult foster care home. This is a two-story wood frame home located in the City of Kalamazoo. The licensee occupies the main floor and the basement area. The main floor is divided into a living room, two bedrooms, a kitchen/dining area, a full bathroom and a small television room

located in the back. The basement houses the natural gas fired forced air furnace and hot water heater. There is also a laundry room located in the basement. The clothes dryer is vented by a solid metal vent pipe leading directly to the outside. There is also a living area located in the basement. The licensee reports that she will be living in the basement. The residents will not be using the basement.

- Square Footage of Bedrooms and Living Space –

Living Room	(18' 04" x 12' 09")	=	233 sq. ft.
Bedroom #1	(10' 01" x 12' 00")	=	120 sq. ft.
Bedroom #2	(09' 03" x 11' 01")	=	102 sq. ft.
Dining Room	(09' 04" x 09' 02")	=	083 sq. ft.
Television Room	(10' 00" x 07' 11")	=	079 sq. ft.

The living area (Living Room, Dining Room and the TV Room) exceeds the minimum requirements for living area for two AFC residents. The two bedrooms meet the minimum requirements for one bed in each bedroom for a total of two residents.

- Sanitation – The facility is located in the City of Kalamazoo and is served by municipal sewage and municipal water service. The facility is equipped with properly installed and maintained cooking facilities. The facility is in substantial compliance with environmental requirements.
- Fire Safety – The facility has two battery operated smoke alarms, one in the basement and another on the main floor outside the sleeping rooms. Fire extinguishers are also in place on each floor. There is a 1-¾ inch solid wood core door installed at the top of the basement stairs providing a one hour protection to flame spread from the basement. Emergency exit plans and emergency procedures are in place. The facility is in substantial compliance with the applicable fire safety rules.

B. Program Description

Administrative Structure.

- Description of the Organizational Structure – Leotha Rogers is the licensee and primary direct care provider. The licensee has identified a responsible person who will be available to provide care to residents in the absence of the licensee. A file with the required information is present in the facility. Her husband is not indicated as joint licensee, but he is available to serve as support for resident care giving. The facility is in substantial compliance.

- Good Moral Character – A Licensing Record Clearance Request is on file in the licensing record as is a report of the Administrative Review Committee. The report includes reference letters in support of the licensee. Substantial compliance is achieved.
- Financial Stability and Capability – A review of the application and supporting documentation indicate substantial compliance with applicable rules regarding financial capability of the licensee.
- Disclosure of Ownership Interest – There is no other ownership interest in the facility other than the licensee.

Qualifications and Competencies.

- Training – There are no training requirements for the licensee of an adult foster care family home. The licensee has had a number of years caring for children and the last few years providing care for her aging mother.
- Health – The licensee has submitted documentation in the form of a medical clearance signed by her physician. The report indicates substantial compliance with health and TB test requirements.

Program Information.

- Admission/Discharge – No admission policy or discharge policy are required for a family home. The licensee has indicated her desire to care for male and female residents suffering from the following conditions: Aged, Alzheimer's, Developmentally Disabled, or Mentally Ill. Smokers will be accepted with the agreement that they follow the facility's smoking policy. Wheelchair bound residents cannot be accommodated. Private pay or public supported residents will be accepted.
- Transportation – The facility is able to provide transportation for residents to local appointments within the Kalamazoo area if relatives or responsible persons are unable to transport. County wide public transportation is also available to residents for a fee.
- Recreation – Residential social/recreational activities include television, radio, and stereo. Shopping is available in the local area as well as city parks for outdoor activities.

Facility and Employee Records.

- Facility Records – A review of the application, emergency procedures, fee policy and house rules/guidelines indicate substantial compliance with the applicable rules.

- Staff Records – There are no staff records at the time of licensure. The licensee has identified a responsible person and has developed a file containing the required documents. A file is required for each responsible person. Substantial compliance has been achieved.

C. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend the facility be issued a temporary license for 2 beds.

Monte Bender

November 9, 2006

Monte Bender
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

November 16, 2006

Gregory V. Corrigan
Area Manager

Date