



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 28, 2007

Shirley Lee
715 East Vine Street
Kalamazoo, MI 49001

RE: Application #: AF390285853
Riddles Rest & Relaxation Home
715 East Vine Street
Kalamazoo, MI 49001

Dear Ms. Lee:

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

Enclosure.

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

I. IDENTIFYING INFORMATION

License #:	AF390285853
Applicant Name:	Shirley Lee
Applicant Address:	715 East Vine Street Kalamazoo, MI 49001
Applicant Telephone #:	(269) 382-4612
Administrator/Licensee Designee:	N/A
Name of Facility:	Riddles Rest & Relaxation Home
Facility Address:	715 East Vine Street Kalamazoo, MI 49001
Facility Telephone #:	(269) 382-4612
Application Date:	09/11/2006
Capacity:	3
Program Type:	AGED PHYSICALLY HANDICAPPED

Directions to the Facility –

From 322 E. Stockbridge Avenue (Bureau of Children & Adult Licensing) travel east to Portage Street, turn left; travel north on Portage Street to Vine Street, turn right onto Vine Street; facility is located on the left immediately after turning onto Vine Street.

II. METHODOLOGY

09/11/2006	Enrollment
09/13/2006	Lic. Unit file referred for criminal history review Specified-Shirley Lee
09/26/2006	File Transferred To Field Office Kalamazoo
09/29/2006	Contact - Document Sent Ltr. of Intro.
09/29/2006	Application Incomplete Letter Sent
10/23/2006	Inspection Completed On-site
10/23/2006	Inspection Completed-BFS Sub. Compliance
11/15/2007	Application Complete/On-site Needed
11/16/2007	Inspection Completed On-site
11/16/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

- Property Ownership – Documents contained in the licensing file confirm the licensee, Shirley Lee, has purchased the home on a land contract. She is the sole owner.
- Description of the Structure – The facility is a wood frame two story home. The basement houses the natural gas fired furnace and hot water heater. On the main floor are the kitchen, a full bath, a dining room, a family room and a living room. The second story has three bedrooms, two for AFC residents and a master bedroom for the licensee. There are two open rooms that serve as sitting areas, one in the back and one in the front. There are also two stairways leading to the main floor. The two stairways are separated by the master bedroom.
- Square Footage of Bedrooms and Living Space –

Living Room	(11' 07" x 11' 07")	=	134 sq. ft.
Family Room	(11' 03" x 19' 03")	=	216 sq. ft.
Dining Room	(11' 07" x 11' 09")	=	136 sq. ft.
2 nd Floor Front Sitting Room	(11' 03" x 09' 08")	=	108 sq. ft.
Bedroom #1	(13' 09" x 11' 06")	=	158 sq. ft.

Bedroom #2	(09' 02" x 11' 03")	=	103 sq. ft.
Master Bedroom	(11' 08" x 09' 10")	=	114 sq. ft.
2 nd Floor Back Sitting Room	(09' 07" x 10' 09")	=	102 sq. ft.

The living area of the facility exceeds the minimum square footage requirements for 3 residents and 1 responsible adult. The total living area available is 696 sq. ft. The minimum requirement is 140 sq. ft.

- Sanitation – The facility is served by municipal water and sewage. I conducted a final environmental inspection on 11/16/2007. All sinks and water supply lines functioned as required. Cooking and refrigeration/freezing appliances were present and functioning properly. The facility is in substantial compliance.
- Fire Safety – I conducted a final fire safety inspection of the facility on 11/16/2007. The basement is separated from the rest of the house by a 1 3/4" solid wood core door, which is equipped with an automatic closure. The door latches as required. There are two emergency exits identified, one off the dining room and one off the front living room at the bottom of the stairway to the second story. The facility is equipped with battery-operated smoke detectors located outside the sleeping areas and on each floor, including the basement. Emergency plans and evacuation plans were in place and posted on each floor as well. The facility is in substantial compliance.

B. Program Description

Administrative Structure.

- Description of the Organizational Structure – Shirley Lee is the licensee and the primary caregiver. No other adult responsible people live in the facility. The licensee has made arrangements for a caregiver to be available to provide care if she needs to be gone. She is aware that adult foster care residents cannot be left alone without a responsible adult caregiver present.
- Good Moral Character – The licensee has been approved by the Administrative Review Team (ART) as a licensee of an adult foster care facility.
- Financial Stability and Capability – The licensee indicated in the application that she has income from outside employment as well as savings or available cash. She also reported that her adult children are able to provide financial assistance if needed.
- Disclosure of ownership Interest – The licensee provided documents which evidenced she is the owner of the facility. She also indicated in the application that she is the sole owner and of the business.

Qualifications and Competencies.

- Training – Since this is a Family Home, no mandated training is required. The licensee has prior experience as a nurse's assistant. She is also currently involved in a bachelor degreed program at Western Michigan University with a major in Social Work. She anticipates completing that program in the next few months.
- Health – The licensee has provided a medical clearance dated September 2007. The doctor has indicated the licensee experiences no physical or mental condition or any health problems that would limit her ability to work with or around dependent adults. She also has tested negative for Tuberculosis. Those medical documents are contained in the licensing file as required. The facility is in substantial compliance.

Program Information.

- Admission/Discharge – This is a family home. No admission / discharge policies are required. The licensee has indicated in the application that she chooses to care for females 60 years of age or older. She is willing to accept residents who are aged, physically handicapped, and/or experience Alzheimer's or other dementia. The licensee will accept private pay or SSI recipients. Although the licensee desires residents requiring long-term care, she is willing to accept residents on a temporary basis.
- Staffing Pattern – The licensee is the primary care giver. She has arrangements for another responsible adult to provide care to the residents when needed.
- Transportation – The licensee has personal transportation, but public transportation is available, as well.
- Recreation – The licensee reported that she plans to provide such activities as movies/DVD's, television, board games and music, as well as newspapers and other reading materials. She also plans to involve residents in community activities.

Facility and Employee Records.

- Facility Records – The licensee is aware that she needs to keep facility records which will be inspected at the time of renewal or at any other time an inspection occurs.
- Staff Records – The licensee is aware that she needs to maintain records for each responsible person who provides care to her residents. That information is outlined in Rules 404 and 405.

- Resident Records – The licensee is aware that she must maintain resident records in accordance with Rule 422. All required forms were provided during my last inspection.

C. Rule/Statutory Violations

The facility is in substantial compliance with all rule and statutory requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of 3 residents.

Monte Bender

November 27, 2007

Monte Bender
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

November 28, 2007

Gregory V. Corrigan
Area Manager

Date