



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

November 14, 2008

Haldar, George & Haldar, Julie  
8468 Eau Claire Rd.  
Berrien Center, MI 49102

RE: Application #: AS110298259  
Edge of the Orchard AFC Home  
8468 Eau Claire Road  
Berrien Center, MI 49102

Dear George & Julie Haldar:

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 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,

Susan Gamber, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 337-5028

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS110298259

**Applicant Name:** Haldar, George & Haldar, Julie

**Applicant Address:** 8468 Eau Claire Rd.  
Berrien Center, MI 49102

**Applicant Telephone #:** (269) 461-3917

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Edge of the Orchard AFC Home

**Facility Address:** 8468 Eau Claire Road  
Berrien Center, MI 49102

**Facility Telephone #:** (269) 461-3917  
09/24/2008

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

06/20/2008	Inspection Completed-Environmental Health : A
09/24/2008	Enrollment
09/26/2008	File Transferred To Field Office Kalamazoo Office
10/01/2008	Application Incomplete Letter Sent
11/10/2008	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a bi-level home located in a rural area of Berrien Center, MI. Residents are located on the lower level, which has an exit directly to the outside. This lower area contains four bedrooms, full bathroom, and combined sitting/dining area. The licensees reside on the upper level, which also contains the kitchen where resident food will be prepared. Licensee bedrooms and a full bath are located on the upper level. The home is equipped with a TV monitor into the resident sitting/dining area so staff can monitor residents while on the upper level.

This facility is not accessible to individuals with physical disabilities, and stairs must be utilized to enter or exit from the front door.

Four resident bedrooms are available on the lower level. Three of the bedrooms are large enough for two residents; the fourth would need to be a single room based upon square footage. The resident capacity is not to exceed six, even though there is bedroom space for seven.

The resident sitting area contains 274 square feet, which is sufficient living space for six residents based upon the rule requirement of 35 square feet per occupant. The upstairs level contains sufficient square footage of living area for the licensees and non-resident occupants.

This facility has a private water supply and sewage disposal system. The Berrien County Health Department has issued an A rating indicating substantial compliance with applicable rules.

The facility has an approved smoke detection system throughout the building.

### B. Program Description

The applicant's program and admission statements document that they will accept individuals with diagnoses of developmental disability or mental illness, and the elderly.

This home is presently licensed as a medium group home, and the applicants intend to maintain the current six clients.

George and Julie Haldar are the co-applicants. They reside in the facility along with their two adult children. Mr. & Mrs. Haldar will be the primary caregivers, with assistance from their children. Mr. & Mrs. Haldar have been the live- in caregivers at this facility for a number of years.

Mr. & Mrs. Haldar initially applied for a medium group home license, but found compliance with fire safety rules to be cost prohibitive. Consequently they submitted a new application for a small group home.

Mr. & Mrs. Haldar have submitted documentation showing financial capability to operate a facility, including a credit history. A criminal background check demonstrated good moral character. They have submitted physician statements verifying their physical and mental capability to provide care to dependent adults, and they have submitted current evidence that they are free of communicable tuberculosis.

As stated previously, the Haldars and their adult children will be the caregivers. They all have extensive experience providing care in adult foster care. There will always be one staff person on duty. The facility does not provide awake staff at night.

The applicants are aware of the record keeping requirements based upon their previous experience in adult foster care. They have submitted acceptable policies, including personnel, refund, and discharge policies.

The applicant was provided technical assistance on the statutory requirements pertaining to the hiring or contracting of persons who provide direct care to residents.

Technical assistance was provided to the applicant on the Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

### **C. Rule/Statutory Violations**

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

**IV. RECOMMENDATION**

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

*Susan Gamber*

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Susan Gamber  
Licensing Consultant

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November 14, 2008  
Date

Approved By:

*Gregory V. Corrigan*

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Gregory V. Corrigan  
Area Manager

\_\_\_\_\_  
November 14, 2008

\_\_\_\_\_  
Date