



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 24, 2009

Jacqueline Wright
10564 N. 16th St.
Plainwell, MI 49080

RE: Application #: AS390301018
Emma's Kare
3617 N. Westnedge
Kalamazoo, MI 49004

Dear Jacqueline Wright:

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 #: AS390301018

Applicant Name: Jacqueline Wright

Applicant Address: 10564 N. 16th St.
Plainwell, MI 49080

Applicant Telephone #: (269) 685-6567

Administrator/Licensee Designee: N/A

Name of Facility: Emma's Kare

Facility Address: 3617 N. Westnedge
Kalamazoo, MI 49004

Facility Telephone #: (269) 216-3317
03/17/2009

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/17/2009	Enrollment
03/19/2009	File Transferred To Field Office Kalamazoo
03/23/2009	Application Incomplete Letter Sent
05/20/2009	Application Complete/On-site Needed
06/17/2009	Inspection Completed On-site
06/23/2009	Inspection Completed-BFS Full Compliance
06/23/2009	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two level home with a completely finished walk out basement on the lower level. At the present time all resident bedrooms and living areas are located on the main level. The applicant does intend to license the lower level for resident care once she receives zoning approval for a 12 bed home.

This home is new construction in a residential area with other new construction.

The home has cathedral ceilings and the main level contains a living room, dining room, kitchen, and six individual resident bedrooms. The bedrooms and living area provide sufficient square footage to meet licensing administrative rule requirements.

The main floor has four handicapped accessible bathrooms with roll in wheelchair showers.

This facility is on public water and septic systems.

This facility has a smoke detection system installed that is powered by the building's electrical system. Interior wall finishes meet at least Class C fire rating requirements. The heating plant is located on the lower level with appropriate floor separation provided.

While the bathrooms are handicapped accessible this facility does not have two means of egress at ground level, or a ramp, so cannot accommodate wheelchair bound individuals.

B. Program Description

The applicant intends to take individuals diagnosed with mental illness or developmental disability, the aged, and the physically handicapped. She will accept either private pay individuals, or individuals with SSI, SSD and specialized contract monies.

Mrs. Wright does have contracts signed with Allegan and Kalamazoo community mental health agencies to provide specialized care.

Mrs. Wright operates a family home and another small group home in Kalamazoo County, so she has experience in providing adult foster care. She has submitted evidence of good moral character, physical and mental health, and evidence that she meets the educational and experience requirements to be licensee/administrator. She also has completed the required training to provide a specialized program.

Mrs. Wright has submitted documentation that she has the financial means to operate this facility until she reaches full resident capacity.

Mrs. Wright intends to staff this home with one caregiver per six residents. She currently has two employees, and will fill in herself for 13 days per month as direct care staff. She does provide sleeping quarters on the lower level for employees and does not intend to have staff awake at night.

Mrs. Wright submitted admission and program statements, personnel policy, and discharge and refund policies which were reviewed and found to be in compliance with licensing rule requirements.

B. Rule/Statutory Violations

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

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds. The applicant was provided technical assistance on the statutory requirements pertaining to the hiring or contracting of persons who provide direct care to residents.

Quality of care rules will be evaluated further once a license is issued and residents are in care.

IV. RECOMMENDATION

Based on the findings it is recommended that a temporary license (six month period) be issued for an adult foster care small group home.

Susan Gamber

June 24, 2009

Susan Gamber
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

June 24, 2009

Gregory V. Corrigan
Area Manager

Date