



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

January 25, 2011

Tina Lee
1327 Royce Ave.
Kalamazoo, MI 49001

RE: Application #: AF390306247
Tina's AFC
1327 Royce Ave.
Kalamazoo, MI 49001

Dear Mrs. 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 5 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 #:	AF390306247
Applicant Name:	Tina Lee
Applicant Address:	1327 Royce Ave. Kalamazoo, MI 49001
Applicant Telephone #:	(269) 216-3882
Administrator/Licensee Designee:	N/A
Name of Facility:	Tina's AFC
Facility Address:	1327 Royce Ave. Kalamazoo, MI 49001
Facility Telephone #:	(269) 216-3882 12/28/2009
Application Date:	
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/28/2009	Enrollment
01/05/2010	Application Incomplete Letter Sent Additional \$25 & 1326 for responsible person (Emergency contact)
01/05/2010	Contact - Document Sent Rule & ACT Books
01/14/2010	Contact - Document Received 1326 for responsible person & Fee
01/14/2010	Application Complete/On-site Needed
01/14/2010	File Transferred To Field Office Kalamazoo
01/21/2010	Application Incomplete Letter Sent
11/23/2010	Inspection Completed On-site
01/18/2011	PSOR on Address Completed
01/21/2011	Inspection Completed On-site
01/21/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story brick home with a basement located in a residential neighborhood. The home is located on the city bus route and is within walking distance of shopping and other resources as well.

All resident bedrooms are located on the second floor so residents will need to be completely ambulatory. Two bedrooms contain 156 square feet and could each accommodate two individuals. The third bedroom contains 96 square feet and can only accommodate one individual. The upstairs level contains a full bath.

The main level contains the licensee's personal living area. The resident living room contains 165 square feet and a dining room, separate from the kitchen, contains 147 square feet which provides for the 35 square feet of living area required per occupant. The main level also contains a full bath.

Ms. Lee has a sturdy locked cabinet located in a non-resident area for storage of medications.

A family member sleeps in the basement. The basement also contains the laundry room and furnace room. Floor separation is provided by the basement door which is to remain closed.

This home has an interconnected smoke detection system with battery back up. The electrical system was inspected on November 30 2010 and found to be in working order to operate the smoke detection system. The furnace and hot water heater were also inspected for proper installation in December 2010.

The home has public water and sewage disposal.

B. Program Description

Ms. Lee plans to take men who are full ambulatory. She is willing to accept the SSI rate for AFC payment. She plans to give medications, provide meals and laundry service, and prompts for personal care. Smoking will be permitted in outside designated areas.

Ms. Lee will provide transportation to a yearly physical appointment. Otherwise she expects residents to utilize other means of transportation including the public bus, metro van, relatives, or supports coordinators.

Ms. Lee works during the day and prefers to have residents who will be at day programs during weekday hours. Ms. Lee is aware that she cannot require residents to leave the facility during the day and has stated that she will always have a responsible person who is at least 18 years old in the home if residents are present.

Ms. Lee resides in this home with her husband and her adult son. She has identified a responsible person who can provide care for up to 72 hours in her absence. Ms. Lee, the responsible person, and household members have all provided evidence of good moral character by submitting license record clearances. They have all submitted evidence that they are free of communicable tuberculosis and have physician statements on file.

Ms. Lee has worked in adult foster care for many years and is aware of the record keeping requirements. She was provided a copy of the most current BCAL forms and was given the opportunity to ask questions.

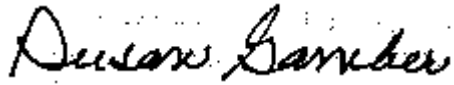
Ms. Lee is aware of the statutory requirements (Section 400.734(b) of PA 218 pertaining to the hiring or contracting of persons who provide direct service to residents.

C. Rule/Statutory Violations

The applicant is found to be in substantial compliance with the licensing act and applicable rules. Compliance with quality of care will be evaluated once a license is issued and residents are in care.

IV. RECOMMENDATION

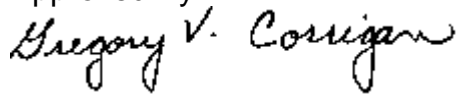
Based on the findings I recommend that a temporary (six month) license be issued for a maximum capacity of five residents.



Susan Gamber
Licensing Consultant

January 24, 2011
Date

Approved By:



Gregory V. Corrigan
Area Manager

January 24, 2011
Date