



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 8, 2011

Rodriguez, Sherry and
Rodriguez, Angel
11422 Foreman Farms Ct
Lowell, MI 49331

RE: Application #: AF410311840
Rodriguez AFC Family Home
11422 Foreman Farms Ct
Lowell, MI 49331

Dear Mr. and Mrs. Rodriguez:

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 4 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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
Desk: (616) 356-0111

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF410311840

Applicant Name: Rodriguez, Sherry and Rodriguez, Angel

Applicant Address: 11422 Foreman Farms Ct
Lowell, MI 49331

Applicant Telephone #: (616) 897-2101

Administrator/Licensee Designee: N/A

Name of Facility: Rodriguez AFC Family Home

Facility Address: 11422 Foreman Farms Ct
Lowell, MI 49331

Facility Telephone #: (616) 897-2101
01/05/2011

Application Date:

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

01/05/2011	Enrollment
01/11/2011	Inspection Report Requested - Health 1018297
01/11/2011	Contact - Document Sent Rule & ACT Books
01/11/2011	PSOR on Address Completed
01/11/2011	Application Incomplete Letter Sent
01/19/2011	Contact - Document Received Record clearance form.
02/01/2011	File Transferred To Field Office Grand Rapids
02/04/2011	Comment application received in Grand Rapids
02/07/2011	Application Complete/On-site Needed
02/10/2011	Inspection Completed-Environmental Health : A rating
02/25/2011	Inspection Completed On-site
02/25/2011	Inspection Completed-BCAL Sub. Compliance
02/25/2011	Contact – Document Sent Confirming letter.
03/08/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This stick built bi-level home is located in a housing development located outside the Lowell city limits. All resident bedrooms are located on the lower level. The bedrooms for the licensees and their children are located on the main floor. There are full bathrooms on both levels. The kitchen and dining area are located on the main floor. Both levels have living areas. The home is not wheelchair accessible. The home has a private sewage disposal system and public water. An environmental health inspection report dated 02/10/2011 gave the facility an “A” rating, verifying compliance with all applicable rules related to environmental health.

The furnace and hot water heater are located in the lower level behind a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected hardwire smoke detection system, with battery backup, and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4" X7'11" plus 6'9" x 3'6"	121.24	1
2	10'x 11'5"	114.2	1
3	12'4" x 11'7" minus 1'5" x 3'1"	138.41	2

The main floor and lower level dining rooms, plus the upstairs dining room, offer 647.97square feet of living space. This is sufficient room for compliance with the 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** AFC residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, who are aged, mentally ill, or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Network 180 contract agencies.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants. The applicants and responsible person submitted a medical

clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledge the understanding of the requirement for an adult foster care family home license is that the licensees must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicants, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicants have indicated that for the original license of this 4 bed family home, there is adequate supervision with 1 responsible person on-site for 4 residents. The applicants acknowledge that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicants acknowledge an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the applicant has indicated that resident medication will be stored in a locked container and that daily medication logs will be maintained on each resident receiving medication.

The applicants acknowledge their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicants acknowledge that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicants acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

The applicants acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicants acknowledge their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicants acknowledge their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicants acknowledge that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicate that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicants have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants acknowledge an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

IV. RECOMMENDATION

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

Leon M. Hale

03/08/2011

Leon M. Hale
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

03/10/2010

Gregory V. Corrigan
Area Manager

Date