



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 08, 2012

James Bolo and Jessica Kisia
8602 Heather Drive
Ypsilanti, MI 48198

RE: Application #: AF810315431
Hopes Living Services
8602 Heather Drive
Ypsilanti, MI 48198

Dear James Bolo and Jessica Kisia:

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 2 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 (517) 241-2585.

Sincerely,

Karen Davis, Licensing Consultant
Bureau of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF810315431
Applicant Name:	James Bolo and Jessica Kisia
Applicant Address:	8602 Heather Drive Ypsilanti, MI 48198
Applicant Telephone #:	(734) 272-2173
Administrator/Licensee Designee:	N/A
Name of Facility:	Hopes Living Services
Facility Address:	8602 Heather Drive Ypsilanti, MI 48198
Facility Telephone #:	(734) 272-2173
Application Date:	09/19/2011
Capacity:	2
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/19/2011	Enrollment
10/06/2011	Contact - Document Received Original application received from Licensing Unit.
10/06/2011	Application Incomplete Letter Sent
11/21/2011	Contact - Document Received Licensee sent letter that he will be out of the country from 11/21/11 - 01/02/2012.
01/10/2012	Contact - Telephone call received Licensee contacted Consultant to inform her that he has returned from out of the Country. He has not had his medical clearance to date but plans on having it by the end of the month (01/2012). Will call back when completed.
02/01/2012	Contact - Telephone call made Call to the Applicant in regards to home inspection. Mr. Bolo stated he will be ready in about 3 weeks and will call me to set-up an appointment.
05/29/2012	Contact - Telephone call made Follow-up call to find out if the applicant is still interested in pursuing his Family Home license.
05/29/2012	Contact - Telephone call received Return call from Mr. Bolo and he noted the home upgrades should be completed in two weeks. He will call to inform this consultant when he is ready for his inspection.
06/27/2012	Contact - Telephone call received The applicant left a voicemail message and requested I return the call.
06/27/2012	Contact - Telephone call made Returned call to the applicant and he stated he is ready for his original inspection. We set up an appointment for 07/17/12 for the original inspection.
07/17/2012	Inspection Completed On-site
07/17/2012	Inspection Completed-BCAL
08/01/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hopes Living Services is located at 8602 Heather Dr. in Ypsilanti MI 48198 in Washtenaw County. The facility is a brick bi-level home which sits on a corner lot with a large fenced in yard. The facility is in a residential area. The home was built in 1965 and has no garage. Parking is available in the driveway. The interior of the home is comfortable, clean, and well maintained.

There is a small porch enclosed with handrails. The front entrance leads to the living room/dining area. There is a table that seats six persons. This also is used as the recreation area. Off of the living room area is the entrance of the first bedroom which is connected to shower/toilet /lavatory bathroom that is also connected to another bedroom. These two bedrooms are housed on the main floor and will be occupied by the residents.

The residents' bathroom is equipped with sink, toilet, and shower. The shower has handrails and non-skid surface. All plumbing was tested and in working order at the time of inspection.

The kitchen area is equipped with stove, microwave, and refrigerator all noted in working order. The kitchen also has a table for eating meals and seats five. A locked file cabinet is located in the kitchen; this is where the medication and sharp items will be stored. Off of the kitchen area is the entrance to the second bedroom.

The applicant was informed that the residents cannot go through another resident's bedroom to enter the kitchen or the living room area. The applicant is going to include this rule in the House Guidelines.

On the upper level is one full bathroom with shower/tub which will not be used for resident bathing, but maybe used if the resident bathroom is occupied. The applicants' bedrooms are on the second level which has three bedrooms.

The basement area has only one means of egress and will not be used by any resident. The applicant has submitted a letter stating residents will not be allowed in the basement area. The furnace and hot water heater is enclosed and located in the basement. It is equipped with a 20-minute fire door with an automatic self-closing device and positive latching hardware. A smoke detector is located in the enclosed furnace area. The washer and dryer are also located in the furnace area.

The facility has air conditioning and was running at the time of inspection.

The home is not wheelchair accessible and will not accept residents using wheelchairs.

There are smoke detectors located on all three levels and in each bedroom occupied by the residents. The smoke detectors were tested and found to be in working order at the time of the on-site inspection. Fire extinguishers were noted in the kitchen area and the basement area.

The water was tested at the time of the final inspection on 08/01/2012; the water temperature was 120 degrees Fahrenheit for both kitchen and bathrooms.

The resident bedrooms were measured at the time of on-site inspection and were found to be of the following dimensions and accommodation:

Bedroom #	Room dimensions	Total Square Footage	Total Capacity
Bedroom # 1	11'10" x 8'6"	95 square feet	1
Bedroom # 2	11'6" x 7'8"	90 square feet	1

Total Capacity: 2

The bedrooms were properly furnished, clean, and neat. Each bedroom has easily operable window with screen, a mirror for grooming, dresser, and a chair. The bedrooms have adequate closet space for the storage of clothing and personal belongings, and also adequate lighting was observed. Each room has a twin bed, with mattress protectors, linen, comforter, and pillow.

The home has public water and public sewage services. The trash is picked up weekly by the municipality.

I reviewed the facility emergency evacuation procedures which contain written instructions to be followed in case of fire and medical emergency. I went over the fire drills expectations with the applicants: how often and specific times the fire drills are to occur.

B. Program Description

Hopes Living Services is participating with the Veterans Administration Medical Foster Care Home program. The specific population that will be serviced by the facility is military veterans with Traumatic Brain Injuries (TBI) and or who are physically handicapped. The gender will be males ranging from 18 years on up. The applicant intends to provide 24-hour supervision, protection and personal care to two ambulatory male adults with the diagnoses of TBI or who have a physical handicap.

Case management, health services, mental health services, physical therapy services, and other support services will be provided by the Veteran Administrations Medical Foster Care program.

The licensees will provide all transportation for program and medical needs. The facility will make provisions for a variety of leisure and recreational needs by utilizing local community resources including public schools and libraries, local museums, shopping centers, and local parks.

Mr. James Bolo has approximately ten years' experience working with TBI patients. He has worked at Eisenhower Center for eight years, Rainbow Rehabilitation Center, and U of M hospital as a Certified Nursing Assistant (CAN). He received his C.N.A. training in the State of Ohio in 2003.

A criminal history background check was conducted on 09/20/2011 for the licensees and responsible person. No convictions were recorded for any of the aforementioned parties.

Statements from a licensed healthcare provider document that licensees and responsible person are in good physical health, and negative TB-tine and chest x-ray results.

On 08/01/2012 at the time of the final inspection, I gave the applicants a sample packet of AFC forms and reviewed the following AFC forms:

- A.F.C. RESIDENT MEDICATION RECORD
- RESIDENT WEIGHT RECORD
- AFC-RESIDENT INFORMATION AND IDENTIFICATION RECORD
- AFC/HFA SAMPLE CORRECTIVE ACTION PLAN
- ASSESSMENT PLAN FOR AFC RESIDENTS
- AFC – RESIDENT CARE AGREEMENT
- RESIDENT FUNDS RECORD PART I and PART II
- HEALTH CARE APPRAISAL
- AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT
- RESIDENT REGISTER
- RESIDENT RIGHTS FOR AFC FAMILY HOMES - PAMPHLETS

I also informed the applicants how to obtain the AFC forms and review the rules and technical assistance for AFC family homes from the DHS website.

The applicants acknowledge their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30 day- discharge is requested.

The applicants acknowledge the requirement that the licensees of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The applicants acknowledge an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicants indicate intent to respect and safeguard these resident rights.

C. Rule/Statutory Violations

The applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC family home located at 8602 Heather Dr., Ypsilanti MI 48198, Washtenaw County, with the capacity of (2) residents.

Karen Davis

08/08/2012

Karen Davis
Licensing Consultant

Date

Approved By:

Betsy Montgomery

8/8/12

Betsy Montgomery
Area Manager

Date