



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 23, 2012

Rick Hernandez
48617 36th Ave
Bangor, MI 49013

RE: Application #: AF800328155
Twin Doves AFC
48617 36th Ave
Bangor, MI 49013

Dear Mr. Hernandez:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF800328155
Applicant Name:	Rick Hernandez
Applicant Address:	48617 36th Ave Bangor, MI 49013
Applicant Telephone #:	(269) 427-6004
Administrator/Licensee Designee:	N/A
Name of Facility:	Twin Doves AFC
Facility Address:	48617 36th Ave Bangor, MI 49013
Facility Telephone #:	(269) 427-6004
Application Date:	06/18/2012
Capacity:	6
Program Type:	MENTALLY ILL PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/16/2012	Inspection Completed-Env. Health : A See AS800319746
06/18/2012	Enrollment
06/19/2012	Contact - Document Sent Rules & Act booklets
06/28/2012	PSOR on Address Completed
06/28/2012	Licensing Unit file referred for criminal history review Jessie H.
07/11/2012	Licensing Unit received criminal history file from review Changed Criminal History to NO for Jessie Hernandez. Jessie has Non Public Record that is closed in Van Buren Co. 36th Circuit Court for Felony Burglary. Therefore, this is treated as not a conviction. Cheryl Gandhi confirmed that the cased is closed directly with JDW and 36th Circuit. Individual has also been fingerprinted through Workforce Background Check and hired. Continue Processing.
07/18/2012	Application Incomplete Letter Sent
07/25/2012	Contact - Document Received Proof of ownership received
08/02/2012	Inspection Completed On-site Initial inspection
08/22/2012	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a 2-story wood frame house located in a rural area outside of Bangor, MI. It has 3 resident bedrooms and a full bathing area on the 2nd floor. One resident bedroom and the applicant's bedroom are located on the main floor, as are the kitchen, dining room, great room, utility room and a full bathing area. The home is not wheelchair accessible. The building has no basement. The home has private water and a septic system. A report from the Allegan Co. Health Department gave the home an "A" rating on 05/16/12, which indicated that the facility was in substantial compliance with applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 1 st floor	14'10" x 9'6"	140	2
#2 2 nd floor NW	10'5" x 9'7"	99	1
#3 2 nd floor NE	14'5" x 14'	201	2
#4 2 nd floor SE	9'6" x 10'6" + 7'4" x 4'6" - 2' x 2'2"	128	1

The great room measures a total of 550 square feet of living space. This room alone exceeds the minimum of 35 square feet per occupant requirement.

The gas furnace is located in the utility room on the main floor alongside the electric dryer and washing machine. The utility room is equipped with a fire rated door and has an automatic closure attached. The home uses propane for heating. Double D Heating and Cooling conducted an inspection of the furnace on 06/19/12 and found the furnace to be in good working condition. An electric water heat is also located on the main floor. The facility has an interconnected, hardwired alarm system, which is fully operational and detectors are installed in the bedroom areas of each floor of the home, the kitchen area and in the utility room. Fire extinguishers are located on each floor of the home.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents. The identified program types include mentally ill, developmentally disabled, physically handicapped and traumatic brain injury. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from various Community Mental Health agencies as the applicant has also submitted an application to provide Specialized Programs.

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 applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has 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. Rick Hernandez is the sole owner of the property.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee 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 six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site for 6 residents. The applicant acknowledges that the number of responsible persons on-site 1 to 6 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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

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

The applicant acknowledges 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 applicant acknowledges 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 applicant 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, responsible person(s) and volunteer(s).

The applicant acknowledges 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 applicant acknowledges 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 as required by rule.

The applicant acknowledges 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 applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

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

The applicant acknowledges 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 applicant has 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 applicant acknowledges 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

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

IV RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 6).



08/23/2012

Donna Konopka
Licensing Consultant

Date

Approved By:



08/23/2012

Jerry Hendrick
Area Manager

Date