



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 9, 2012

Charmaine Kwei
Woodbridge A.F.C.
3082 Vliet Lane
Kalamazoo, MI 49004

RE: Application #: AS390327565
Skybridge AFC
1205 Woodward Ave.
Kalamazoo, MI 49007

Dear Mrs. Kwei:

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 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,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390327565
Applicant Name:	Woodbridge A.F.C.
Applicant Address:	3082 Vliet Lane Kalamazoo, MI 49004
Applicant Telephone #:	(269) 342-8596
Administrator/Licensee Designee:	Charmaine Kwei, Designee Samuel Kwei, Administrator
Name of Facility:	Skybridge AFC
Facility Address:	1205 Woodward Ave. Kalamazoo, MI 49007
Facility Telephone #:	(269) 216-3582
Application Date:	06/20/2012
Capacity:	5
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/20/2012	Enrollment
06/25/2012	Contact - Document Sent Rule & ACT Books
06/25/2012	File Transferred To Field Office Kalamazoo
06/29/2012	Application Incomplete Letter Sent
10/01/2012	Inspection Completed On-site
10/02/2012	Application Complete/On-site Needed
10/02/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story, wood frame house located within the Kalamazoo city limits. This home has a basement which will not be utilized by residents. Steps are required to enter and exit the home, and it is not handicapped or wheelchair accessible.

The main floor contains a living room, dining room, kitchen, employee bedroom, one resident bedroom and a full bathroom with shower. The upper level contains three resident bedrooms and a full bath with tub.

The gas furnace and hot water heater are located in the basement. The furnace was serviced on September 21 and found to be in safe working condition. A 1 ¾ inch solid core door with an automatic self-closing device and positive latching hardware is located at the top of the stairs leading to the basement. The facility is equipped with a hardwired smoke detection system professionally inspected and determined to be in good working condition on September 24.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	13' 7"x10'8"	147	2
#2	10'x10'	100	1
#3	10'4"x10'4"	106	1
#4	10'3"x11'3"	115	1

The living, dining, and sitting room areas measure a total of 377square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to five (5) male ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Kalamazoo County-DHS and Kalamazoo County CMH.

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, and the responsible agency.

The licensee will provide transportation for emergencies. Transportation for program and medical needs will be provided by case managers or public transportation. The facility is within walking distance for a variety of leisure and recreational equipment. Residents may utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Woodbridge AFC, Inc., which is a "For Profit Corporation", that was established in Michigan, on 03/18/2009. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Woodbridge, Inc. has submitted documentation appointing Charmaine Kwei as Licensee Designee for this facility and Samuel Kwei as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. Charmaine and Samuel Kwei submitted medical clearance requests with statements from a physician documenting

their good health and current TB-tine negative results. Samuel Kwei produced a current negative chest x-ray.

Charmaine and Samuel Kwei have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five bed facility is adequate and includes a minimum of one staff –to- five residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. 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 obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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 on an annual basis.

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 that are 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 residents' 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

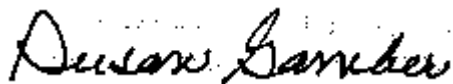
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/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 small group home (capacity 5).



October 9, 2012

Susan Gamber
Licensing Consultant

Date

Approved By:



October 9, 2012

Jerry Hendrick
Area Manager

Date