



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 23, 2013

Theresa Krontz
3113 Parchmount Ave.
Kalamazoo, MI 49004

RE: Application #: AF390337794
Glorias Place
3113 Parchmount Ave.
Kalamazoo, MI 49004

Dear Mrs. Krontz:

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,

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 #:	AF390337794
Applicant Name:	Theresa Krantz
Applicant Address:	3113 Parchmount Ave. Kalamazoo, MI 49004
Applicant Telephone #:	(269) 342-5772
Administrator/Licensee Designee:	N/A
Name of Facility:	Glorias Place
Facility Address:	3113 Parchmount Ave. Kalamazoo, MI 49004
Facility Telephone #:	(269) 342-5772
Application Date:	12/03/2012
Capacity:	6
Program Type:	AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED PHYSICALLY HANDICAPPED

II. METHODOLOGY

12/03/2012	Enrollment
12/10/2012	PSOR on Address Completed
12/10/2012	Contact - Document Sent Rule & ACT books
12/10/2012	File Transferred To Field Office Kalamazoo
12/13/2012	Application Incomplete Letter Sent
01/16/2013	Inspection Completed On-site
01/16/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed as an adult foster care family home since 2007 and is now undergoing a change in licensee.

This is a single story brick home with a full basement located in a residential neighborhood. The basement contains the licensee living quarters and an enclosed furnace room with a natural gas fired furnace and water heater. In January 2012 the current licensee remodeled the basement to include a two person resident bedroom and sitting room. The current applicant does not intend to use the basement for residents; however due to the remodeling egress windows and a hard wired smoke detector in the furnace room were installed to meet building code requirements.

The main level includes a wheelchair accessible means of egress and contains resident bedrooms and living/dining area, as well as all resident bedrooms. The southeast wing of the home contains three resident bedrooms and a full bath with a walk-in shower. In September 2012 the attached garage was remodeled and now contains three resident bedrooms and a half bathroom. To comply with building code, this remodeled bedroom area contains hard wired smoke and carbon monoxide detectors in those three bedrooms. The City of Kalamazoo issued an occupancy permit for the addition on September 5, 2012. The original licensed part of the house, including the three bedroom hallway has battery operated smoke detectors installed.

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'.01"x13'.04"	174 sq. ft	1
2	12'10"x09'08"	123 sq ft	1
3	09'06"x 09'.08"	87 sq. ft	1
4	9'x10"	90 sq ft	1
5	9'x10"	90 sq ft	1
6	9'x10"	90 sq ft	1

Mrs. Krantz reserves the option of using bedroom #1 for double occupancy in the event she accepts a married couple, but recognizes that at no time may the total number of residents exceed six individuals.

The main level living, dining, and sitting room areas measure a total of 333 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The basement contains additional living space for Mrs. Krantz and family.

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 to six residents whose diagnosis is aged, Alzheimer's, physically handicapped or traumatic brain injured. Private pay individuals will be accepted. The facility utilizes visiting physician services, and family members will be expected to provide transportation for other medical and community outings. Various in-home socialization and recreational activities will be provided within the home.

Mrs. Krantz employs additional staff and will have at least one employee on duty from 6AM-8PM, in addition to herself. She will be the staff from 8PM-6AM and will be asleep in her private quarters during hours of sleep.

According to Mrs. Krantz, all but one of her employees is a certified nurse aide. Mrs. Krantz is a licensed practical nurse with geriatric experience. Mrs. Krantz has been an employee of the current licensee, and plans to retain the other existing employees.

C. Applicant and Responsible Person Qualifications

Mrs. Krantz is in the process of purchasing this home; the current license has given permission for her to operate an adult foster care family home on the premises until the sale is finalized. Mrs. Krantz and her husband will reside on site as required by family rules. The current licensee is prepared to move out so that Mrs. Krantz can move in on the date of license issuance.

Fingerprinting was completed with no convictions recorded for the applicant, house hold member and responsible person. The applicant, household member 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 of her spouse.

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 six bed family home, there is adequate supervision with one responsible person on-site –for six residents. The applicant acknowledges 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 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 acknowledged 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 acknowledged 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 acknowledged 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 applicant acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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.

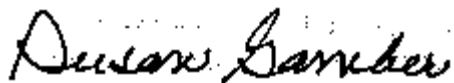
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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).



01/23/2013

Susan Gamber
Licensing Consultant

Date

Approved By:



01/23/2013

Jerry Hendrick
Area Manager

Date