



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 2, 2013

Sheniko Holiday
1703 Races St.
Kalamazoo, MI 49001

RE: Application #: AF390336427
David Dewayne Manor
911 Washington St.
Kalamazoo, MI 49001

Dear Ms. Holiday:

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 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,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF390336427

Applicant Name: Sheniko Holiday

Applicant Address: 911 Washington St.
Kalamazoo, MI 49001

Applicant Telephone #: (269) 290-9787

Administrator/Licensee Designee: N/A

Name of Facility: David Dewayne Manor

Facility Address: 911 Washington St.
Kalamazoo, MI 49001

Facility Telephone #: (269) 290-9787

Application Date: 08/29/2012

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/29/2012	Enrollment
08/30/2012	PSOR on Address Completed
08/30/2012	Contact - Document Sent Rule & ACT Books
08/30/2012	Application Incomplete Letter Sent Fingerprint for Sheniko & 1326 for DaQuon Harp (Responsible Person)
10/22/2012	Contact - Document Received 1326 for DaQuon Harp
10/22/2012	Application Incomplete Letter Sent Fingerprint for Sheniko Holiday
12/03/2012	Contact - Document Received Fingerprint for Sheniko Holiday
12/10/2012	Lic. Unit file referred for criminal history review Sheniko Holiday
12/11/2012	Application Complete/On-site Needed
12/11/2012	File Transferred To Field Office Kalamazoo
12/14/2012	Application Incomplete Letter Sent
03/01/2013	Contact - Document Received facility documents
03/01/2013	Inspection Completed On-site
03/01/2013	Inspection Completed-BCAL Sub. Compliance
03/29/2013	Inspection Completed On-site
04/01/2013	Contact - Document Received
04/01/2013	Inspection Completed On-site
04/01/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a 3-story wood frame house with unfinished basement located in urban residential neighborhood in Kalamazoo MI. Applicant Sheniko Holiday has a lease agreement with the owners of the property. On file is a copy of the lease, proof of ownership, and written permission from the owners for the property to be used as an adult foster care home and for the department to conduct on-site inspections.

Residents will occupy the 1st and 2nd floors only. The applicant's living quarters is on the 3rd floor that includes 2 bedrooms and a sitting area. The 1st floor includes a living room, sitting room, one full bathroom, 2 resident bedrooms, and kitchen/dining area. The 2nd floor includes 2 resident bedrooms, recreation room, one full bathroom and a sitting room. The home is not wheelchair accessible.

The home has public water and sewer. On-site inspections verified substantial compliance with rules pertaining to environmental health.

On-site inspections verified substantial compliance with rules pertaining to fire safety. There are 2 gas fired furnaces and 2 gas fired water heaters in the basement. On file is verification that this flame producing equipment was inspected and approved by a qualified service. Smoke detectors are located in all areas required by rule.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' by 8'10"	97	1
2	10'10" by 8'2"	95	1
3	10'7" by 11'3"	119	1
4	10'7" by 11' 4"	120	1

The living, dining, and sitting room areas measure a total of 559 square 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 **four (4)** 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 four (4) ambulatory residents, whose diagnosis is aged, mentally ill,

developmentally disabled, physically handicapped or traumatically brain injured.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and a responsible person. 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.

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 four (4) 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 4 bed family home, there is adequate supervision with 1 responsible person on-site –for-4 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 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(s), 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.

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.

D. Rules or Statutory Violation

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

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 4).

Kenneth Tindall

04/02/2013

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Jerry Hendrick

04/02/2013

Jerry Hendrick
Area Manager

Date