



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

March 28, 2013

Amita Bairagee  
8904 George Avenue  
Berrien Springs, MI 49103

RE: Application #: AF110338343  
Bairagee AFC Home  
8904 George Avenue  
Berrien Springs, MI 49103

Dear Ms. Bairagee:

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,

Karen Hodge, Licensing Consultant  
Bureau of Children and Adult Licensing  
401 Eighth Street  
P.O. Box 1407  
Benton Harbor, MI 49023  
(269) 363-1742

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF110338343
<b>Applicant Name:</b>	Amita Bairagee
<b>Applicant Address:</b>	8904 George Avenue Berrien Springs, MI 49103
<b>Applicant Telephone #:</b>	(269) 473-3842
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Bairagee AFC Home
<b>Facility Address:</b>	8904 George Avenue Berrien Springs, MI 49103
<b>Facility Telephone #:</b>	(269) 473-3842
<b>Application Date:</b>	01/25/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	Mentally Ill, Developmentally Disabled

## II. METHODOLOGY

01/25/2013	Enrollment
01/29/2013	PSOR on Address Completed
01/29/2013	Inspection Report Requested - Health
01/31/2013	Comment app rec'd in GR / file forwarded to KH
02/12/2013	Inspection Completed-Env. Health : A
03/28/2013	BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Bairagee AFC is a split-level ranch home located in a residential neighborhood in the Village of Berrien Springs. There are four bedrooms for resident use located a half-story below the main living area, two on each side of the house. The private quarters for the family are located a half-story above the main level and contain three bedrooms and a full bathroom. The main level of the home contains a central, fully-equipped kitchen, a formal dining area combined with office space and the family living room. The lower level on the north side of the home contains the common living area for residents, the dining area for residents, a full bathroom, and two resident bedrooms, one for double occupancy and one for single occupancy. The lower level south end of the home contains a half-bath and two bedrooms, one for double occupancy and one for single occupancy. The home is not wheelchair accessible. The home has municipal water and a private septic system which was inspected and approved by the Berrien County Health Department on February 12, 2013.

The home has a gas, forced-air furnace and a gas water heater located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The two bedrooms and half-bath on the East side of the facility have electric baseboard heat. The facility is equipped with hard-wired, interconnected smoke detectors which have been installed near sleeping areas, in the living room, and in the basement near the furnace, with the exception of the East wing which has battery operated smoke alarms installed in each bedroom. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18'8" X 19'6" + 10'-51SF	349SF	2

2	9'5" X 9'5"	88	1
3	15' X 11'	165	1
4	13'2" X 11	144	2

The living, dining, and sitting room areas measure a total of 355 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicants intend to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Berrien County-DHS, Berrien County CMH, or private pay individuals.

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 (s). 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(s) have 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 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](http://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 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 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.

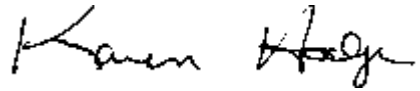
The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

#### **D. Rules or Statutory Violations**

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

**III. RECOMMENDATION**

I recommend this Adult Foster Care Family Home be issued a Temporary License.  
(capacity 6)



03/28/2013

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Karen Hodge  
Licensing Consultant

Date

Approved By:



03/28/2013

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Jerry Hendrick  
Area Manager

Date