



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

August 6, 2013

Jacqueline Wright  
10564 N. 16th St.  
Plainwell, MI 49080

RE: Application #: AS390315811  
Louise's Kare  
512 Fineview Avenue  
Kalamazoo, MI 49004

Dear Jacqueline Wright:

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,

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 #:** AS390315811

**Applicant Name:** Jacqueline Wright

**Applicant Address:** 10564 N. 16th St.  
Plainwell, MI 49080

**Applicant Telephone #:** (269) 685-6567

**Administrator/Licensee Designee:** Jacqueline Wright, Administrator

**Name of Facility:** Louise's Kare

**Facility Address:** 512 Fineview Avenue  
Kalamazoo, MI 49004

**Facility Telephone #:** (269) 388-4227

**Application Date:** 10/14/2011

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

10/14/2011	Enrollment
10/27/2011	Contact - Document Sent Rules & Act booklets
10/27/2011	Inspection Report Requested - Health Inv. #1019414
11/01/2011	Application Incomplete Letter Sent
11/23/2011	Inspection Completed-Env. Health : B
04/30/2012	Inspection Report Requested - Health recheck for B rating
05/25/2012	Inspection Completed-Env. Health : B
06/07/2012	Inspection Report Requested - Health
09/07/2012	Inspection Completed-Env. Health : A
10/22/2012	Contact - Telephone call received applicant changed on-site to 11/20
05/07/2013	Contact - Telephone call made Applicant wants to continue with application but not yet ready for on-site inspection.
06/18/2013	Contact - Telephone call made On site scheduled with applicant for 6.28.2013 at 10:30am
06/28/2013	Contact - Telephone call received Applicant Jacqueline Wright cancelled the on-site inspection scheduled for today. Rescheduled on-site inspection for 7.2.2013 at 10am.
07/02/2013	Inspection Completed-BCAL Sub. Compliance
07/02/2013	Inspection Completed On-site
08/01/2013	Contact - Document Received facility documents
08/01/2013	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The applicant is Jacqueline Wright who co-owns the property with another individual. On file is proof of ownership and permission from owner for the property to be used as an adult foster care home.

This is a 2-story ranch style house with a walk-out basement and attached 2-car garage. It is located in a suburban area in Kalamazoo MI. Residents will occupy the 1<sup>st</sup> floor only that includes 3 resident bedrooms, kitchen, dining room, living room, 3 season porch, 1 full common use bathroom and 1 full bathroom that is adjacent to bedroom #2. The home is not wheelchair accessible. The basement is partially finished and includes a living room area, 1 bedroom, 1 full bathroom, storage room, heat plant room and a utility room that includes clothes washer and dryer.

On file is copy of a report from the Kalamazoo County Health and Community Services Department that approved the home's private water and sewer systems. On-site inspections conducted by me verified the home is in substantial compliance with rules pertaining to environmental health.

On-site inspections verified substantial compliance with rules pertaining to fire safety. There is a gas furnace and water heater located in the basement. A 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs. The home is equipped with an interconnected, hardwire smoke detection system that was installed by a licensed electrician and is fully operational. On file is verification that the furnace, water heater and smoke detection system were recently inspected and approved by a qualified service. There are approved fire extinguishers on both floors. The applicant submitted a written statement that the (2) fireplaces will not be used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' by 11'6"	161	2
2	14' by 10'6"	147	2
3	12' by 10'	120	1

The living, dining, and sitting room areas measure a total of approximately 435 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 **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 or female ambulatory adults whose diagnosis is developmentally disabled, aged, mentally ill, or traumatically brain injured.

The licensee will provide all transportation for program and medical needs. Emergency transportation is available by dialing 911.

## **C. Applicant and Administrator Qualifications**

Jacqueline Wright has applied to be the licensee and administrator.

Jacqueline Wright has sufficient financial resources to provide for the adequate care of the residents as evidenced by income from her 2 other AFC homes, and a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request and fingerprinting was completed and approved for Ms. Wright. Ms. Wright also submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

For the past several years Ms. Wright has been the licensee and administrator for 2 other AFC small group homes. Therefore, she meets the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff to 5 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 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](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 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 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 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.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity for 5 residents.

*Kenneth Tindall*

08/06/2013

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Kenneth Tindall  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

08/06/2013

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Jerry Hendrick  
Area Manager

Date