



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 7, 2013

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

RE: Application #: AS390346648
Woodbridge AFC 2
207 Allen Blvd
Kalamazoo, MI 49007

Dear Ms. 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 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,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390346648
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 Sam Kwei, Administrator
Name of Facility:	Woodbridge AFC 2
Facility Address:	207 Allen Blvd Kalamazoo, MI 49007
Facility Telephone #:	(269) 254-8801
Application Date:	08/15/2013
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/15/2013	Enrollment
08/20/2013	Contact - Document Sent Rule & ACT Books
08/20/2013	File Transferred To Field Office Kalamazoo
08/23/2013	Application Incomplete Letter Sent
09/06/2013	Application Complete/On-site Needed Proof of ownership received
09/27/2013	Inspection Completed On-site
09/30/2013	Inspection Completed-BCAL Sub. Compliance
10/02/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a 2 story wood frame home with a basement located in downtown Kalamazoo, MI. The home has 7 bedrooms, 6 of which will be used for adult foster care residents and the 7th bedroom will be used by live-in staff. All resident bedrooms are single occupancy. One resident bedroom and the live-in staff bedroom are located on the main floor; the remaining 5 bedrooms are located on the 2nd floor. A full bathing area with tub and shower is located on the main floor and a full bathing area with a shower is located on the 2nd floor. The living room, dining room and kitchen are located on the main floor. The home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 main floor	10'10" x 11'6"	124	1
2- 2 nd floor	10'3" x 11'3"	115	1
3 – 2 nd floor	13'3"x13'3" – 5'x2'5"	163	1
4 – 2 nd floor	9'1" x 9'4"	84	1
5- 2 nd floor	9'5" x 11'5" – 2'8" x 1'8"	103	1
6- 2 nd floor	13'x12'4" – 5'x2'1"	150	1

The living and dining room areas measure a total of 569 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The home is located within the city of Kalamazoo and is on the public water and sewer system.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door that is fully stopped with positive latching hardware located at top of The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Consumers Energy conducted an inspection of the heating unit on 09/25/2013 and found it to be in working condition. Webster Electric Inc. conducted an inspection of the smoke detection system on 09/23/2013 and found them to be functioning properly at the time of the inspection.

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

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 six (6) 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. The applicant intends to accept residents from Kalamazoo County CMH, or private pay individuals as referral sources.

The licensee will provide transportation for program and medical needs as identified in the Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to 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 Corporation, which is a "For Profit Corporation" 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 AFC Corp. has submitted documentation appointing Charmaine Kwei as Licensee Designee for this facility and Sam Kwei as the Administrator of the facility.

A licensing record clearance request and fingerprints were completed with no LEIN convictions recorded for the Ms. and Mr. Kwei. Ms. Kwei and Mr. Kwei submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. This is the 4th adult foster care facility being operated by this corporation.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 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 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).



10/07/2013

Donna Konopka
Licensing Consultant

Date

Approved By:



10/07/2013

Jerry Hendrick
Area Manager

Date