



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

May 19in, 2014

Brenda Moore  
KAM Caring Service Inc.  
915 Capital Ave. S.W.  
Battle Creek, MI 49015

RE: Application #: AS130360627  
Jean Lane  
532 Jean Lane  
Battle Creek, MI 49015

Dear Ms. Moore:

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**

<b>License #:</b>	AS130360627
<b>Applicant Name:</b>	KAM Caring Service Inc.
<b>Applicant Address:</b>	915 Capital Ave. S.W. Battle Creek, MI 49015
<b>Applicant Telephone #:</b>	(269) 209-0773
<b>Administrator/Licensee Designee:</b>	Brenda Moore, Designee
<b>Name of Facility:</b>	Jean Lane
<b>Facility Address:</b>	532 Jean Lane Battle Creek, MI 49015
<b>Facility Telephone #:</b>	(269) 209-0773
<b>Application Date:</b>	04/17/2014
<b>Capacity:</b>	5
<b>Program Type:</b>	AGED

## II. METHODOLOGY

04/17/2014	Enrollment
04/21/2014	Lic. Unit file referred for criminal history review 3 Facility Red Screens under Licensee ID 1028
04/30/2014	Contact - Document Sent Rule & ACT Books
04/30/2014	File Transferred To Field Office Kalamazoo
05/12/2014	Application Complete/On-site Needed
05/12/2014	Inspection Completed On-site
05/12/2014	Contact - Document Received facility documents
05/14/2014	Contact - Document Received via fax facility documents
05/14/2014	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a change of ownership application as this home has been licensed as a small group with a capacity for 5 residents since January 2013.

This one-story, wood-frame house on cement slab is located in a residential neighborhood within the city limits of Battle Creek MI. Licensee Designee Brenda Moore owns this property. On file is proof of ownership, right to occupy and permission to inspect from Ms. Moore.

There are 4 resident bedrooms, family room, living room, dining room, kitchen, 2 full bathrooms, laundry/heat plant room and an attached 2-car garage. The home is wheelchair accessible and has 2 approved means of egress for residents using wheelchairs.

An on-site inspection verified compliance with rules pertaining to environmental health. The home has public water and sewer.

The home is in substantial compliance with rules pertaining to fire safety. A gas-fired furnace and water heater are located in a heat-plant room that is constructed of materials that provide a 1-hour fire resistance rating with two 1 ¾ inch solid wood core doors in fully stopped frames, equipped with automatic self-closing devices and positive-latching hardware. On file is verification the furnace and water heater were recently inspected and approved by a licensed heating contractor. The home is also equipped with an interconnected, hardwired smoke detection system. On file is verification that a licensed electrician recently inspected and approved the home's electrical service and the smoke detection system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16' by 15'6"	248	2
2	11' by 10'	110	1
3	9' by 13'8"	116	1
4	8'5" by 11'8"	108	1

The living, dining, and sitting room areas measure a total of 774 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 (6)** male or female elderly adults.

Emergency transportation is available by dialing 911. Other transportation services may be specified in the resident care agreement.

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

The applicant is KAM Caring Service Inc., which is a "Domestic Profit Corporation" established in Michigan, on 04/12/2014. 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.

Brenda Moore is the sole member of KAM Caring Service Inc., and she submitted documentation appointing herself as Licensee Designee for the corporation, and Administrator of the facility.

A licensing record clearance request and fingerprinting was completed with no LEIN convictions recorded for Brenda Moore. Ms. Moore also submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Brenda Moore has experience working as administrator for adult foster care group homes, and therefore she satisfies 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 (capacity 5).

*Kenneth Tindall*

05/15/2014

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Kenneth Tindall  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

05/16/2014

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Jerry Hendrick  
Area Manager

Date