



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

January 16, 2015

Elsabeth Engeda
2843 Turtle Creek Dr.
East Lansing, MI 48823

RE: Application #: AS330367324
Kalkidan AFC 3
2121 Hopkins Avenue
Lansing, MI 48912

Dear Ms. Engeda:

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 (517) 284-9720.

Sincerely,

Andrea Green, Licensing Consultant
Bureau of Children and Adult Licensing
5303 S Cedar
PO Box 30321
Lansing, MI 48909
(517) 899-5637

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330367324
Applicant Name:	Elsabeth Engeda
Applicant Address:	2843 Turtle Creek Dr. East Lansing, MI 48823
Applicant Telephone #:	(517) 336-4490
Administrator/Licensee Designee:	Elsabeth Engeda
Name of Facility:	Kalkidan AFC 3
Facility Address:	2121 Hopkins Avenue Lansing, MI 48912
Facility Telephone #:	(517) 402-6191
Application Date:	10/15/2014
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/15/2014	Enrollment
10/20/2014	Contact - Document Sent Rules & Act booklets
10/31/2014	Application Incomplete Letter Sent
12/15/2014	Inspection Completed On-site
12/15/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story ranch style brick home located in a residential neighborhood in the city of Lansing, in Ingham County. The facility has a paved driveway with a two car attached garage. There is space for staff and visitor parking in the driveway and on the street in front of the facility. The facility has a large living area, dining area, five resident bedrooms, and two full resident bathrooms. The facility also has a finished basement, however this area will not be accessible to residents and is not approved for resident use. The facility also has a fire place in the living room and basement however the licensee has submitted a statement indicating that the fireplaces will not be used. The facility is wheelchair accessible with ramps off the front exit and the laundry room exit. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a 1 ¾ solid wood core door at the top of the stairs. The door is equipped with an automatic self - closing device and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the resident bedroom area, the living room area, kitchen and basement of the facility. The facility is equipped with fire extinguishers which are located on each level of the facility.

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

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	12' X 14'5"	174.00	2 Residents
Bedroom # 2	12' X 9'11"	109.32	1 Resident

Bedroom # 3	12' X 9'11"	109.32	1 Resident
Bedroom # 4	11' X 10'	110.00	1 Resident
Bedroom # 5	11'9" X 9'10"	108.29	1 Resident
Living Area	26'9" X 13'8"		

B. Program Description

The facility will provide 24 – hour supervision, protection and personal care for six (6) male or female residents. The facility will accept residents who are moderate to high functioning developmentally disabled adults and non-violent, non-aggressive and medically managed mentally ill adults. The facility will provide the residents with the opportunity to participate in recreational and social activities such as table games, baking/cooking, crafts, bowling, movies and a variety of other activities both in the home and in the community.

C. Applicant and Administrator Qualifications

Elsabeth Engeda is the sole applicant for this small group home license. The applicant has submitted a credit report, bank statement, and an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Elsabeth Engeda is the licensee designee and administrator for the facility. A criminal history clearance was completed on 10/20/2014 for Ms. Engeda and no criminal history convictions were found. Ms. Engeda submitted a medical clearance dated 11/11/2014 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Engeda.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Engeda provided documentation that she has over two years running a licensed AFC home working with developmentally disabled adults and mentally ill adults.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.milcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determine competent by the licensee or licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 signature for each resident on an annual basis.

The applicant acknowledged the 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 acknowledged and understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

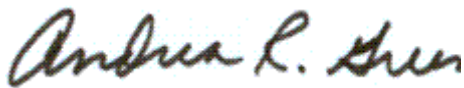
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six (6) residents.



1/14/2015

Andrea Green
Licensing Consultant

Date

Approved By:



1/16/14

Betsy Montgomery
Area Manager

Date