



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

January 20, 2015

Terry Graber
440 Centerville Road
Constantine, MI 49042

RE: Application #: AF750363236
Terry Graber
440 Centerville Road
Constantine, MI 49042

Dear Ms. Graber:

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,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF750363236
Applicant Name:	Terry Graber
Applicant Address:	440 Centerville Road Constantine, MI 49042
Applicant Telephone #:	(269) 435-2204
Administrator/Licensee Designee:	N/A
Name of Facility:	Terry Graber
Facility Address:	440 Centerville Road Constantine, MI 49042
Facility Telephone #:	(269) 435-2204 07/10/2014
Application Date:	
Capacity:	5
Program Type:	AGED ALZHEIMERS DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/10/2014	Enrollment
07/15/2014	PSOR on Address Completed
07/15/2014	Contact - Document Sent Rules & Act booklets
07/15/2014	Application Incomplete Letter Sent
07/25/2014	Comment Finger Prints for Terry
08/13/2014	Contact - Document Received
08/13/2014	Application Complete/On-site Needed
08/19/2014	Application Incomplete Letter Sent
12/18/2014	Inspection Completed On-site
01/20/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story brick home with an unattached garage and a full unfinished basement. It is located on a residential street in the town of Constantine.

Residents will not routinely use the basement, but the licensee does intend to do arts and crafts with residents in that space.

The ground floor contains a living room/dining area, resident bedroom, kitchen, ½ bath, and office.

The second story contains the licensee bedroom, two resident bedrooms, and a full bath.

This home does have a ramp to the front door, but as the only bathing area is on the second floor residents will need to be ambulatory and capable of climbing stairs.

The home uses the municipal water and sewage disposal systems.

The boiler and hot water heater are located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The

boiler was inspected by a professional service and found to be in good operating condition on January 5, 2015.

Battery powered, single station smoke detectors are installed in sleeping areas, in the living room, kitchen, and in the basement near the boiler. Radiators throughout the home have been shielded for resident protection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'x14'	168	2
2	14'x14'	196	2
3	12'x9'	108	1
4	12'x15'	180	Licensee bedroom

The living and dining room areas measure a total of 299 square feet of living space. This complies with the 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. Capacity may be increased to six residents if the licensee chooses to reconfigure bedroom usage in the future.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, mentally ill, developmentally disabled, Alzheimer's, and physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from St Joseph County-DHS, St. Joseph County CMH, and private pay individuals as a referral source.

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. Rule/Statutory Violations

The applicant submitted fingerprints with no convictions recorded. A licensing record clearance request was completed with no LEIN convictions recorded for each responsible person. 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 has 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 savings.

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 five (5) 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 five bed family home, there is adequate supervision with 1 responsible person on-site –for- 5 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) 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 the resident care agreement 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.

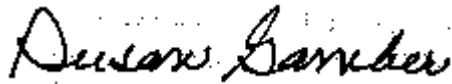
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with quality of care rules will be evaluated during the six month temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 5).



January 20, 2015

Susan Gamber
Licensing Consultant

Date

Approved By:



January 20, 2015

Leon M. Hale
Area Manager

Date