



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

January 6, 2016

Lisa Springett
30744 White Oak Drive
Bangor, MI 49013

RE: Application #: AS800379702
Engedi AFC
12 E. Arlington
Bangor, MI 49013

Dear Ms. Springett:

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.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth Tindall".

Kenneth Tindall, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS800379702
Applicant Name:	Lisa Springett
Applicant Address:	30744 White Oak Drive Bangor, MI 49013
Applicant Telephone #:	(269) 217-9359
Administrator:	Lisa Springett
Name of Facility:	Engedi AFC
Facility Address:	12 E. Arlington Bangor, MI 49013
Facility Telephone #:	(296) 427-5879 09/21/2015
Application Date:	
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/21/2015	Enrollment
09/24/2015	Contact - Document Sent Rules & Act booklets
09/24/2015	Application Incomplete Letter Sent FP's for Lisa
10/05/2015	Comment FP's for Lisa
10/07/2015	File Transferred To Field Office Kal
10/09/2015	Application Incomplete Letter Sent
11/16/2015	Inspection Completed On-site
11/30/2015	Contact - Document Received Required documents via fax
12/15/2015	Application Incomplete Letter Sent
12/15/2015	Contact - Document Sent Items of non compliance repeated.
12/18/2015	Contact - Document Received
12/18/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a change of ownership as this home has been licensed as a small group home (AS800095683). On file is proof of property ownership, permission from owners for necessary department inspections and use as an adult foster care home, and a copy of the rental agreement the applicant has with the property owners.

This home is located in a residential neighborhood in the village of Bangor. It is a single story ranch style home with three resident bedrooms, living room, dining room, staff office, kitchen, and attached one car garage. It also has a full basement that will not be used by the residents. The home is not wheelchair accessible.

My on-site inspection verified the home is in substantial 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. The applicant submitted a written statement that the fireplace located in the living room will not be used for any reason. There is a gas-fired forced air furnace and a gas-fired water heater located in the basement. Floor separation includes an approved self-closing fire door at the top of stairs leading to the basement. On file is verification that a qualified service installed an interconnected, hardwired smoke detection system. Approved fire extinguishers are located in the basement and on the main floor. On file is verification the furnace and water heater were inspected and approved by a qualified service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'4" by 10'	93	1
2	9'4" by 14'3"	134	2
3	11' by 15'	165	2

The living, dining, and sitting room areas measure a total of 365 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 for up to **five (5)** female ambulatory adults who are developmentally disabled and/or mentally ill. The applicant also intends to provide specialized care to the mentally ill and developmentally disabled populations.

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, and the responsible agency.

The licensee's program statement indicates they will provide transportation for program and medical needs.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's financial statements submitted to operate the adult foster care facility.

The applicant is Lisa Springett. On file is medical, TB, and criminal record clearances for Ms. Springett.

Ms. Springett has extensive experience working as a home manager in an adult foster care home with the populations identified with this application. Ms. Springett provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five bed facility is adequate and includes a minimum of one staff –to- five 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's program statement indicates awake staff will be provided if a resident's assessment plan requires it.

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.

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

Kenneth Tindall

12/23/2015

Kenneth Tindall
Licensing Consultant

Date

Approved By:

A. Hunter

01/06/2016

Ardra Hunter
Area Manager

Date