



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

November 16, 2015

Nelima Hazra
712 Hickory Street
Niles, MI 49120

RE: Application #: AF110363351
Elijah AFC Home
712 Hickory Street
Niles, MI 49120

Dear Ms. Hazra:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads 'Karen Hodge'.

Karen Hodge, Licensing Consultant
Bureau of Community and Health Systems
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110363351
Applicant Name:	Nelima Hazra
Applicant Address:	712 Hickory Street Niles, MI 49120
Applicant Telephone #:	(269) 340-5113
Administrator/Licensee Designee:	N/A
Name of Facility:	Elijah AFC Home
Facility Address:	712 Hickory Street Niles, MI 49120
Facility Telephone #:	(269) 340-4999
Application Date:	07/11/2014
Capacity:	5
Program Type:	AGED MENTALLY ILL

II. METHODOLOGY

07/11/2014	Enrollment
07/17/2014	PSOR on Address Completed
07/17/2014	Contact - Document Sent Rules & Act booklets
07/17/2014	Application Incomplete Letter Sent
07/24/2014	Contact - Document Received
07/24/2014	Application Complete/On-site Needed
09/26/2014	Application Incomplete Letter Sent
09/22/2015	Inspection Completed On-site
10/14/2015	Inspection Completed On-site
11/12/2015	Full Compliance – Recommend License Issuance
11/16/2015	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Elijah AFC Home is a two-story wood-frame structure located in the city of Niles. The street level of the home has the living room/common area and the kitchen as well as the bedroom, bathroom and private living room/dining room for the licensee. The upstairs level of the home has two resident bedrooms for double occupancy and one resident bedroom for single occupancy. There is a full bathroom on the second level for resident use. There is a second area of the home that is accessed by the outside but is locked against entry from the resident side of the home; the licensee's son and his family reside in this part of the structure. The home is not wheelchair accessible due to several stairs at the front door. The emergency evacuation plan utilizes the front door for egress. The home has two other exits from the licensee's private area of the home. The home utilizes public sewer and water systems.

The gas-fired water heater and furnace are located in the basement which is separated by a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician, is fully operational, and recently inspected. Fire extinguishers are installed on each floor of the home. This home was previously licensed as a group home. The applicant has operated several group homes and a family home in the past.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'3" X 9'4"	114 SF	1
2	11'5" X 13"	148	2
3	12'6" X 11'2"	139	2

The living, dining, and sitting room areas measure a total of 279 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

The applicant(s) intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents who are aged, developmentally disabled, mentally ill or physically handicapped. The licensee will provide self-care and habilitation training as specified in the assessment plan. This can include direction and opportunity for activities to foster independent functioning, participation in employment, education, or day programs, the opportunity to develop positive social skills, have contact with relatives and friends, community-based recreational opportunities, privacy and leisure time, and the opportunity to participate in religious services and education. The applicant will provide instruction or reminders regarding personal hygiene, medication administration, and supervision, as required.

The home is located within walking distance of shopping and restaurants and other community establishments. Public transportation is available and the licensee will transport for medical appointments with prior arrangements. The licensee will cooperate with responsible agencies and will coordinate contacts and activities with those agencies. The applicant intends to accept residents from Berrien County DHHS and Berrien County CMH as referral sources and will accept residents with private and public sources of payment for adult foster care.

C. Applicant and Responsible Person Qualifications

A criminal background check of the applicant was satisfactory. The applicant and responsible person submitted documents 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 one responsible person on-site –for- five 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 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 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.

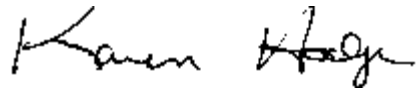
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 not reside in this facility.

IV. RECOMMENDATION

I recommend a temporary license be issued to this Adult Foster Care Family Home with a capacity of five residents.



11/12/2015

Karen Hodge
Licensing Consultant

Date

Approved By:



11/16/15

Betsy Montgomery
Area Manager

Date