



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

February 12, 2016

Ranaida Madiam
10014 M 216
Marcellus, MI 49067

RE: Application #: AF750379842
Agape AFC Home
10014 M 216
Marcellus, MI 49067

Dear Ms. Madiam:

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,

A handwritten signature in black ink that reads "Susan Gamber".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF750379842
Applicant Name:	Ranaida Madiam
Applicant Address:	10014 M 216 Marcellus, MI 49067
Applicant Telephone #:	(650) 892-9032
Administrator/Licensee Designee:	N/A
Name of Facility:	Agape AFC Home
Facility Address:	10014 M 216 Marcellus, MI 49067
Facility Telephone #:	(269) 646-0870
Application Date:	0/01/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/01/2015	Enrollment
10/07/2015	PSOR on Address Completed
10/07/2015	Inspection Report Requested - Health Inv. #1024869
10/07/2015	Contact - Document Sent Rules & Act booklets
10/07/2015	Application Incomplete Letter Sent Record clearances for Ranaida, Edgar, & Adela (Responsible person)
10/20/2015	Contact - Document Received Record clearances for Ranaida, Edgar, & Adela
10/29/2015	Application Incomplete Letter Sent
11/23/2015	Inspection Completed On-site
02/11/2016	Inspection Completed-Environmental Health : A
02/11/2016	Application Complete/On-site Needed
02/11/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story ranch style home located approximately three miles from the village of Marcellus. The main floor consists of four resident bedrooms, resident living and dining rooms, kitchen, resident bathroom, family room, licensee family bedroom and bathroom and an attached garage. Additional licensee family bedrooms and living area are located in the basement. The facility does have a wheelchair ramp from the driveway to the front door. The facility utilizes private well and septic systems which were inspected by the Branch-Hillsdale-St. Joseph Community Health Agency. That report, received on February 11, 2016, gave an "A" rating indicating substantial compliance with applicable rules.

The gas water heater and furnace are located in the basement with 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 backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	15'6"x10'6"	162	2
#2	10'3"x 11	112	1
#3	11"x11"	121	1
#4	13"x6"x12'4"	166	2

The resident living room measures a total of 288 square feet of living space. Additional resident living space is available in the dining room and family room. The family has private living space in the basement. This exceeds the minimum space requirement of 35 square feet per home occupant.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

This facility is currently licensed as a family home to a Chedorlaomer and Adela Caagbay, who will close their license once the new applicant's license is issued. The applicant intends to provide 24-hour supervision, protection and personal care to the current residents of the home who are aging individuals with diagnoses of mental illness or developmental disability. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant has also applied for specialized program certification.

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. Applicant and Responsible Person Qualifications

Applicant Ranaida Madiam resides in this family home facility with her husband Edgar Madiam and 10 year old daughter. A criminal history background check found no convictions for the applicant, her husband as member of the household, or her

responsible person. The applicant, responsible person, and adult household member have submitted 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 her spouse's outside employment.

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 six (6) 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 six bed family home, there is adequate supervision with one responsible person on-site –for- six residents and one child under the age of 12. 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 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. Quality of care rules will be evaluated during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 6).

Susan Gamber

February 12, 2016

Susan Gamber
Licensing Consultant

Date

Approved By:

Betsy Montgomery

February 12, 2016

Betsy Montgomery
Area Manager

Date