



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

February 18, 2016

Gwendolyn Moore
Amazing Grace Home, LLC
8458 E. G. Avenue
Kalamazoo, MI 49048

RE: Application #: AS390380564
Amazing Grace Home, LLC
4441 Old Colony Road
Kalamazoo, MI 49008

Dear Ms Moore:

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.

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 #: AS390380564

Applicant Name: Amazing Grace Home, LLC

Applicant Address: 4441 Old Colony Road
Kalamazoo, MI 49008

Applicant Telephone #: (269) 352-8457

Administrator/Licensee Designee: Gwendolyn Moore

Name of Facility: Amazing Grace Home, LLC

Facility Address: 4441 Old Colony Road
Kalamazoo, MI 49008

Facility Telephone #: (269) 312-8858

Application Date: 11/06/2015

Capacity: 6

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/06/2015	Enrollment
11/30/2015	Contact - Document Received e-mails regarding the opening of this new facility
12/01/2015	Contact - Document Sent rules and act sent
12/01/2015	Application Incomplete Letter Sent G.Moore need fingerprints, 1326 form and verification of TIN number.
12/01/2015	Contact - Document Received e-mailed: G.Moore 1326 with fingerprints, verification of IRS/Tax ID number and filing endorsement with State of MI
12/02/2015	Contact - Document Received MORE e-mailed documents regarding LARA corp division susiness entity registration
12/02/2015	File Transferred To Field Office Lansing/Kalamazoo
12/14/2015	Contact - Document Received G.Moore: Healthcare provider and first aid from Am.Heart Assoc. Sent to Kazoo
12/16/2015	Inspection Completed On-site
12/16/2015	Inspection Completed-BCAL Sub. Compliance
12/16/2015	Application Complete/On-site Needed
02/11/2016	Inspection Completed On-site
02/11/2016	Contact - Document Received Facility documents.
02/17/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home was previously licensed as an adult foster care family home. The applicant is Amazing Grace Home, LLC, a Domestic Limited Liability Company. On file is proof of property ownership, permission from owners for department inspections and use as an adult foster care home, and copy of the lease the corporation has with the property owners.

This home is located in a residential neighborhood in the city of Portage. It is a one story ranch style, and has an unoccupied and unfinished full basement. There is a living room, dining room, family room, kitchen, staff office, three full bathrooms, and five resident bedrooms. It has three approved means of egress that are all wheelchair accessible.

My on-site inspections verified it is in substantial compliance with rules pertaining to environmental health. The home has public water and sewer.

This home is in substantial compliance with rules pertaining to fire safety. There is a gas-fired furnace and water heater located in the basement that were both approved by a qualified service. The interconnected smoke detection system was inspected and approved by a qualified service. There is an approved self-closing fire door that leads to the basement and fire extinguishers are located on both levels of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'8" by 10'	117	1
2	11'8" by 9'10"	115	1
3	11'3" by 11'5"	130	1
4	13'5" by 11'5"	154	2
5	11' by 10'	106	1

The living, dining, and sitting room areas measure a total of 761 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 **six (6)** 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 to **six** (6) male or female adults who are aged, physically handicapped, traumatically brain injured or have Alzheimer's. The applicant submitted a program statement that includes programming that is specific to all of these populations.

The applicant's program statement indicates they will negotiate to provide for transportation for program and medical needs.

C. Applicant and Administrator Qualifications

The applicant is Amazing Grace Home, LLC, a Domestic Limited Liability Company established in Michigan, on 11/23/15. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Amazing Grace Home, LLC, have submitted documentation appointing Gwendolyn Moore as licensee designee for the corporation, and administrator of the facility. Ms. Moore submitted documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has more than 35 years' experience as a registered nurse and extensive experience working with the populations identified in the application.

On file is medical, TB, and criminal record clearances for Ms. Moore.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six 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 that direct care staff will be awake at all times (24 hours/7 days a week).

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 1-6).

Kenneth Tindall

2/17/16

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Betsy Montgomery

2/17/16

Betsy Montgomery
Area Manager

Date