



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 20, 2016

Mary Branson
P.O. Box 19196
Kalamazoo, MI 49019

RE: Application #: AF390381773
Bryant House
531 Bryant St.
Kalamazoo, MI 49001

Dear Mrs. Branson:

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 six 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 "Donna Konopka".

Donna Konopka, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390381773
Applicant Name:	Mary Branson
Applicant Address:	531 Bryant St. Kalamazoo, MI 49001
Applicant Telephone #:	(269) 373-5699
Administrator/Licensee Designee:	N/A
Name of Facility:	Bryant House
Facility Address:	531 Bryant St. Kalamazoo, MI 49001
Facility Telephone #:	(269) 373-5699
Application Date:	02/17/2016
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

02/17/2016	Enrollment
03/09/2016	Comment Northampton House will be closing once Bryant House is licensed.
03/09/2016	Application Incomplete Letter Sent Updated 1326's for Mary Branson, Valeria Tillman & Shelly Lamper
03/17/2016	Contact - Document Received 1326's for Mary Branson, Valeria Tillman & Shelley Lamper
03/21/2016	Lic. Unit file referred for criminal history review 1326 for Mary Branson
03/21/2016	Lic. Unit file referred for criminal history review 1326 for Valeria Tillman
03/21/2016	Lic. Unit file referred for criminal history review 1326 for Shelley Lamper
03/21/2016	Application Incomplete Letter Sent GMC Letter sent for Valeria Tillman.
03/29/2016	File Transferred To Field Office Kalamazoo
04/07/2016	Comment File received Kalamazoo office
04/08/2016	Application Incomplete Letter Sent
05/05/2016	Inspection Completed On-site
05/17/2016	Inspection Completed On-site – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The house is a two story wood frame structure located in the city of Kalamazoo, MI. There are seven bedrooms, a living room and a full bathroom located on second story. Five of the bedrooms will be utilized for residents; each will be a private bedroom. There is also an enclosed egress stairway from the second floor to the ground level outside the home. The first floor has two bedrooms, a full bathroom, living room, dining

room and the kitchen. One bedroom is for resident use and the second bedroom is the licensee's. The home is not wheelchair accessible. The home is on public water and sewer.

The gas furnace and water heater are located in the basement. Bel-Aire Heating and Air Conditioning inspected the furnace and water heater on 02/04/2016 and verified their operating condition. The basement door opens directly to the outside with no direct access to the first floor. It does connect with the second story fire escape and the licensee has added a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware at the top of the stairway. The facility is equipped with an interconnected smoke detection system that has battery powered back up. Fire extinguishers are installed on each floor 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	10'8" x 11'9"	125	1
2	11'3" x 10	112	1
3	9' x 9'6"	85	1
4	9'7" x 7'10"	75	1
5	9' x 9'6"	85	1
6	7'2" x 7'7" + 9'5" x 6'10"	118	Member of Household
7	15'2" x 9	136	Open
8	13'3" x 19'6"	139	1

The first and second floor livings areas measure a total of 393 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

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged, developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kalamazoo County DHHS and Kalamazoo County CMH 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. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed by Mary Branson, applicant. Ms. Branson and Valeria Tillman, responsible person, submitted a medical clearance requests 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 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. Ms. Branson currently has an AFC family home license at another location and will be moving all the residents to this home when the license is issued; she will close her old license at that time.

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. 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, 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.

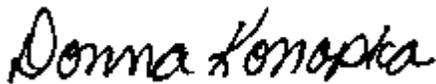
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 1-6).



05/18/2016

Donna Konopka
Licensing Consultant

Date

Approved By:



05/20/2016

Denise Y. Nunn
Area Manager

Date