



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

March 31, 2016

Sandra Abrams-Rice and Gregory Abrams  
225 Eloise Drive  
Benton Harbor, MI 49022

RE: Application #: AF110380112  
A Day to Remember AFC Home  
225 Eloise Drive  
Benton Harbor, MI 49022

Dear Sandra Abrams-Rice and Gregory Abrams:

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 4 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 cursive script 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 #:** AF110380112

**Applicant Name:** Sandra Abrams-Rice and Gregory Abrams

**Applicant Address:** 225 Eloise Drive  
Benton Harbor, MI 49022

**Applicant Telephone #:** (269) 252-5066

**Administrator/Licensee Designee:** N/A

**Name of Facility:** A Day to Remember AFC Home

**Facility Address:** 225 Eloise Drive  
Benton Harbor, MI 49022

**Facility Telephone #:** (269) 221-0250

**Application Date:** 10/19/2015

**Capacity:** 2

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

10/19/2015	Enrollment
10/26/2015	PSOR on Address Completed
10/26/2015	Contact - Document Sent Rules & Act booklets
10/26/2015	Application Incomplete Letter Sent
11/13/2015	Contact - Document Received
12/02/2015	Lic. Unit file referred for criminal history review
12/17/2015	Application Incomplete Letter Sent
02/11/2016	Application Complete/On-site Needed
02/12/2016	Inspection Completed-BCAL Sub. Compliance
02/12/2016	Application Incomplete Letter Sent
03/04/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

**A Day to Remember AFC Home** is a wood-frame ranch style home with a brick and siding exterior in a residential neighborhood with similar home styles. The neighborhood is within approximately  $\frac{3}{4}$  of a mile to a five-lane road that runs between Benton Harbor and St. Joseph. It is close to the local hospital and multi-use commercial areas including restaurants, shopping, theaters and many other businesses. The home is accessible to public transportation. The main level of the home has a fully-equipped kitchen, a dining room large enough to serve all occupants of the home at the same time, and a large living room. The main level of the home has three bedrooms, two of which will be for single resident use at this time and one bedroom for the licensees, who are husband and wife. The main level also has two full bathrooms, one with a tub/shower combination and one with a shower. The lower level of the home is partially finished and also houses utilities. There is an adult member of the household who occupies the lower level. There is also a large recreational area in the basement which can be used by residents. The home is not wheelchair accessible. The home utilizes public water and sewage systems and has municipal trash service.

The home has a gas, forced-air furnace which was last inspected in 2014 and a gas water heater located in the basement and there is a 1-3/4 inch solid core door equipped

with an automatic self-closing device and positive latching hardware installed at the top of the stairs. The home has battery-powered, single station smoke detectors which are installed in each bedroom, in the living room, and in the basement. Fire extinguishers which were recently inspected and charged 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
2		116	1
3		90	1

The living, dining, and sitting room areas measure a total of 505 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 **two (2)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Mr. Abrams and Mrs. Abrams-Rice intend to provide 24-hour supervision, protection and personal care to two (2) male or female ambulatory residents, whose are developmentally disabled, physically handicapped or mentally ill. Mr. Abrams and Mrs. Abrams-Rice intend to accept residents from local county DHHS offices including Berrien, Cass and Van Buren, Berrien County or other CMH agencies, or private pay individuals as a referral source.

Mr. Abrams and Mrs. Abrams-Rice plan to utilize local community resources for leisure activities and plan to provide an environment to enhance the quality of life and increase the independence of each resident. Mr. Abrams and Mrs. Abrams-Rice do not intend to utilize paid staff.

## **C. Rule/Statutory Violations**

A background check was completed with no convictions recorded for the applicants or John Visel who is an adult member of the household and will serve as the responsible person. Mr. Abrams and Mrs. Abrams-Rice and Mr. Visel submitted medical statements from a physician documenting their good health and current TB-negative results.

The applicants have sufficient financial resources to provide for the adequate care of residents as evidenced by savings, the projected income from caring for AFC residents, and outside employment. Mr. Abrams is purchasing the home through a mortgage and has lived in the home for a number of years.

Mr. Abrams and Mrs. Abrams-Rice understand the requirement 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 two (2) residents will be the responsibility of the Mr. Abrams and Mrs. Abrams-Rice with a minimum of one person to two residents 24 hours a day / 7 days a week. Mr. Visel will be available to provide supervision in relief.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Mr. Abrams and Mrs. Abrams-Rice acknowledge 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 an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Abrams and Mrs. Abrams-Rice acknowledge 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 applicants 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 applicants 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.

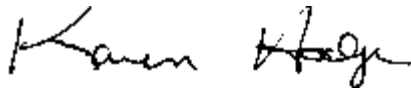
The applicants acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights, providing them with a copy of those rights, and agrees to respect and safeguard these rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants 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 applicants 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.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 2).



03/31/2016

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Karen Hodge  
Licensing Consultant

Date

Approved By:



3/31/16

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Betsy Montgomery  
Area Manager

Date