



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

October 21, 2015

Elizabeth McCalla
4391 Onondaga Rd
Onondaga, MI 49264

RE: Application #: AF330377657
McCalla AFC
4391 Onondaga Rd
Onondaga, MI 49264-

Dear Ms. McCalla:

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 cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF330377657
Applicant Name:	Elizabeth McCalla
Applicant Address:	4391 Onondaga Rd Onondaga, MI 49264
Applicant Telephone #:	(517) 628-8700
Name of Facility:	McCalla AFC
Facility Address:	4391 Onondaga Rd Onondaga, MI 49264-
Facility Telephone #:	(517) 628-8700
Application Date:	05/11/2015
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

05/11/2015	Enrollment
05/14/2015	PSOR on Address Completed
05/14/2015	Contact - Document Sent Rule & Act booklets
05/14/2015	Inspection Report Requested - Health
05/29/2015	Inspection Completed-Env. Health : A
06/25/2015	Application Incomplete Letter Sent
09/21/2015	Application Complete/On-site Needed
10/08/2015	Inspection Completed – On Site
10/08/2015	Inspection Completed – BCAL Full Compliance
10/20/2015	Contact – Telephone call made To Elizabeth McCalla to discuss all paperwork and rule requirements.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

McCalla AFC is an aluminum sided, two-story home built over an unfinished basement. The home is located on a main road in Onondaga, Michigan, which is a small rural community located between Lansing, Michigan and Jackson Michigan. The home is located on approximately 1.5 acres of land. There is a large back yard as well as a deck and screened-in porch available for resident enjoyment.

On the main level of the home, there is a living area, kitchen, formal dining area, three full bathrooms, one single resident bedroom, two semi-private resident bedrooms, two bedrooms used by the applicant's children, laundry room, and large family room. The second story of the home contains a full bathroom, two bedrooms, and an office. The second story of the home is not designated for resident use, and is used by the family. The home is wheelchair accessible. On the main floor of the home, there are wheelchair ramps, of the appropriate length, located off the front entrance, and the exit in the kitchen. Both ramps end on hard, even surfaces that are at least four feet wide to assist residents in exiting safely and easily. The doorways throughout the facility are of the appropriate width to allow wheelchair users to enter and exit with ease.

The home uses a private supply and sewage disposal system. Both were inspected by the Ingham County Health Department on May 29, 2015, and determined to be in full

compliance with requirements. The home has two gas water heaters and two gas furnaces, all located in the basement. The basement is divided into two distinct areas, which can only be accessed from the main floor. Each side of the basement is equipped with a furnace and a water heater. Both furnaces and water heaters are behind a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces were inspected by a licensed heating and cooling professional and both were found to be in good working order on September 14, 2015.

The facility is equipped with an interconnected, battery back-up smoke detection system with smoke detectors located in all sleeping areas, kitchen, living areas, laundry, and the basement. The smoke detection system worked as designed during the on-sight inspection. There are four fire extinguishers in the home. One is located in the basement, two on the main floor, and one on the second floor.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'5" X 12'	137	2
2	15'4" X 11'5"	175	2
3	11'8" X 11'9"	137	1

The indoor living and dining areas measure a total of 307 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 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 male and/or female residents who are either aged, and/or have been diagnosed with a developmental disability. The program will include opportunities to interact in the community through church services and activities, dining out, shopping, and visiting nearby parks. The home will also offer residents the opportunity to assist with creating and maintaining flower gardens, impromptu social gatherings, board games, movie night, as well as incorporating and specific interests or activities residents may express. These resources provide an environment to enhance the quality of life (and increase the independence, if applicable) of residents. Additionally, the home will offer visiting physicians services, physical therapy (if needed), and a visiting podiatrist. The applicant will provide transportation services as outlined in the resident care agreement. The applicant intends to accept referrals from the Clinton, Eaton, and Ingham county Department of Health and Human Services, as well as the Community Mental Health board. If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the

responsible agency.

C. Applicant and Responsible Person Qualifications

The applicant is Elizabeth McCalla. Mrs. McCalla has named her husband, Paul McCalla, as a responsible adult who can provide up to 72 hours of emergency coverage for the applicant. The applicant also identified Belinda Ide as a secondary responsible person. Criminal history background checks of the applicant and responsible persons were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible persons submitted statements from a physician documenting their good health and current negative tuberculosis test 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. Mr. McCalla is also employed outside the home.

The applicant(s) acknowledged the requirement that the licensee(s) of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 5 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours. The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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.

The applicant acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledged 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 acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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

C. Rules or Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of five.



10/20/15

Leslie Barner
Licensing Consultant

Date

Approved By:



10/21/15

Betsy Montgomery
Area Manager

Date