



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 31, 2016

Bede Obasi, Jr.
Hanover Home Care Inc.
211 Orleans Ave.
Battle Creek, MI 49015

RE: Application #: AS130377315
Lakeview Home
211 Orleans Ave.
Battle Creek, MI 49015

Dear Mr. Obasi, Jr.:

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 cursive script 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 #:	AS130377315
Applicant Name:	Hanover Home Care Inc.
Applicant Address:	211 Orleans Ave Battle Creek MI 49015
Applicant Telephone #:	(269) 753-1218
Licensee Designee:	Bede Obasi, Jr.
Administrator:	Pauline Obasi
Name of Facility:	Lakeview Home
Facility Address:	211 Orleans Ave. Battle Creek, MI 49015
Facility Telephone #:	(269) 753-1218
Application Date:	04/23/2015
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/23/2015	Enrollment
04/27/2015	Contact - Document Sent Rule & ACT Books
04/27/2015	Application Incomplete Letter Sent 1326's for Bede & Pauline Obasi
05/18/2015	Contact - Document Received 1326's for Bede Obasi Jr. & Pauline Obasi
05/18/2015	File Transferred To Field Office Kalamazoo
07/20/2015	Contact - Telephone call made Corporate TX 269.948.9057 voice mail box is full
07/21/2015	Contact - Telephone call made left message at facility # to call me back to schedule on-site.
07/22/2015	Application Incomplete Letter Sent
12/17/2015	Inspection Completed On-site
09/02/2016	Inspection Completed On-site
10/26/2016	Contact - Document Received verification of rule compliance
10/31/2016	Application Complete/On-site Needed
10/31/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is an older traditional styled two story home with basement located in a residential neighborhood within the city limits of Battle Creek. At one time the home had been partitioned as a multi-family dwelling but the licensee has restored it to single family status.

The facility is not handicapped or wheelchair accessible and any occupants will need to be fully ambulatory and able to climb stairs.

The main floor has two living rooms, a dining room, kitchen, two bedrooms and two full bathrooms.

The second story has two separate wings; the licensee's living quarters and a resident bedroom area. The licensee will be residing at the facility with his wife and young child. The two second story living areas are not accessible to each other from the second floor; residents would need to come downstairs to the main floor and then up a stairway to the second story licensee area. The resident area contains three bedrooms and a full bathroom.

The facility utilizes city utilities including water and sewage disposal.

The basement contains only mechanical items and will not be utilized by residents.

The gas furnace and hot water heater 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 located at top of stairs. The facility is equipped with hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace was inspected in January 2016 and found to be in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 (main floor)	11'x 12'	132	1
#2 (main floor)	16' x14'	224	2
#3	11'x11'	121	1
#4	11'x12'	132	1
#5	11'x9'	99	1

The living, dining, and sitting room areas measure a total of 559 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 ambulatory adults whose diagnosis is developmental disability or mental illness in the least restrictive environment possible. The applicant intends to accept individuals who function with a high level of independence both in the facility and in the community. Developmentally disabled individuals will function at a high enough level to be compatible with the mentally ill population, and mentally ill residents will not have symptoms or behavior problems that would pose a danger to developmentally disabled individuals.

The applicant will accept residents from DHHS or mental health agencies as well as individuals with private sources of payment.

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, and the responsible agency.

The licensee will provide transportation for program and medical needs as specified in a resident care agreement. The facility is located within walking distance of many services, including social and recreational, and public transportation is available.

C. Applicant and Administrator Qualifications

The applicant is Hanover Home Care, Inc., which is a "Non Profit Corporation" established in Michigan, on 07/14/2011. 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 Hanover Home Care, Inc. have submitted documentation appointing Bede Obasi as licensee designee for this facility and Pauline Obasi as the administrator of the facility.

Criminal history background checks found no convictions recorded for the licensee designee or the administrator. The licensee designee and administrator submitted medical clearance requests with statements from physicians documenting their good health and current TB- negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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 has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 residents' 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.

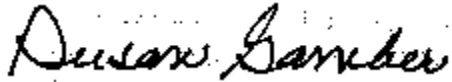
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/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 once a license is issued and residents are in care.

VI. RECOMMENDATION

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



October 31, 2016

Susan Gamber
Licensing Consultant

Date

Approved By:



October 31, 2016

Betsy Montgomery
Area Manager

Date