



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 12, 2016

Elizabeth Lombonaung and Yan E. Mapaliey
8817 Meadowview Ct.
Berrien Springs, MI 49103

RE: Application #: AF110381662
Meadowview Home
8817 Meadowview Ct.
Berrien Springs, MI 49103

Dear Elizabeth Lombonaung and Yan E. Mapaliey:

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 black ink 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 #:	AF110381662
Applicant Name:	Elizabeth Lombonaung and Yan E. Mapaliey
Applicant Address:	8817 Meadowview Ct. Berrien Springs, MI 49103
Applicant Telephone #:	(269) 473-9000
Administrator/Licensee Designee:	N/A
Name of Facility:	Meadowview Home
Facility Address:	8817 Meadowview Ct. Berrien Springs, MI 49103
Facility Telephone #:	(269) 473-9000
Application Date:	02/26/2016
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

02/26/2016	Enrollment
02/26/2016	Comment FP's for Elizabeth
03/04/2016	PSOR on Address Completed
03/04/2016	Contact - Document Sent Rules & Act booklets
03/04/2016	Application Incomplete Letter Sent Rec cl's FP's, Livescan Request for Elizabeth & Yan; rec cl's for Leeroy, Rita & RP
03/11/2016	Comment FP's for Yan
03/29/2016	Contact - Document Received Rec cl's & Livescan requests for Elizabeth & Yan; rec cl's for Leeroy & Rita
03/30/2016	Lic. Unit file referred for background check review Yan
04/07/2016	Contact - Document Received Livescan request for Leeroy (RP)
04/08/2016	Contact - Document Received Rec cl for Rika
05/03/2016	Application Incomplete Letter Sent
09/09/2016	Inspection Completed-Env. Health : A
09/09/2016	Application Complete/On-site Needed
11/29/2016	Inspection Completed/Full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Meadowview Garden AFC is a wood-frame ranch-style home in a residential neighborhood with similar home styles in the Village of Berrien Springs, Oronoko Township. It is close to a multi-use commercial area including restaurants, shopping, banking, schools, 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 an adequate living room. The main level of the home has four bedrooms, two of which will be for single resident use and two for double occupancy, for a total of six residents. The main level also has two full bathrooms, one with a combination tub/shower and one with a shower which will accommodate residents who require assistance with bathing. The lower level of the home is partially finished and is for the use of the licensees, Elizabeth Lombonaung and Yan Mapaliey, and their adult daughter, Gloria Mapaliey. The home utilizes public water and private septic systems and has municipal trash service. The septic system was inspected and approved by the local health department on September 9, 2016. The home has a gas, forced-air furnace 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 interconnected smoke detectors which are hard-wired into the electrical system with battery back-up, installed in the hallway near the bedrooms, in the kitchen, one in the living room and four in the basement. Fire extinguishers are installed on each floor of the home.

Bedroom measurements are as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13 x 11	156	2
2	13 x 10	130	1
3	13.5 x 10	135	2
4	11 x 10.5	115	1

The living and dining room areas measure 438 square feet of living space which 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

Mr. Mapaliey and Mrs. Lombonaung intend to provide 24-hour supervision, protection and personal care to six (6) male or female residents, who are aged. They will provide medication administration, they will follow the instructions of medical providers and provide coordination of medical care, and provide in-home leisure activities. Mr. Mapaliey and Mrs. Lombonaung intend to accept private pay residents from the Area Agency on Aging, the hospital and other local referral sources. Mr. Mapaliey and Mrs. Lombonaung do not intend to utilize paid staff. The licensees have been the direct care givers and live-in staff at this home under the license of a different licensee, and have demonstrated experience with the population they intend to serve.

C. Rule/Statutory Violations

A background check was completed with no convictions recorded for the applicants or

Gloria Mapalieu who is an adult member of the household and the applicants' daughter. Ms. Mapalieu will serve as a responsible person in the absence of the licensees and she has also had a background check completed with no disqualifying convictions. Mr. Mapalieu, Mrs. Lombonaung and Ms. Mapalieu have submitted medical statements from a physician documenting their good health and current TB-negative results.

The applicants have indicated they have sufficient financial resources to provide for the adequate care of residents as evidenced by savings and the projected income from caring for AFC residents. Mr. Mapalieu and Mrs. Lombonaung and Ms. Mapalieu are purchasing the home through a lease with option to buy purchase from Ramlen and Jenny Kaumpungan. Mr. Mapalieu and Mrs. Lombonaung have lived in the home for a number of years and have been working as direct care staff under a group home license under corporate ownership by Mr. and Mrs. Kaumpungan who have given permission to operate a six-bed foster care home and have given permission for department inspections.

Mr. Mapalieu and Mrs. Lombonaung understand the requirement that 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 six (6) residents will be the responsibility of the Mr. Mapalieu and Mrs. Lombonaung with a minimum of one person to six residents 24 hours a day / 7 days a week.


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. Mapalieu and Mrs. Lombonaung 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. Mapalieu and Mrs. Lombonaung 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 required 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 acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be completed 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 acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights, providing them with a copy of those rights, and agree to respect and safeguard these rights. The

applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 acknowledge 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 family home with a capacity of six residents.



12/12/2016

Karen Hodge
Licensing Consultant

Date

Approved By:



12/12/16

Betsy Montgomery
Area Manager

Date