



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 27, 2017

Manoshi Baroya
402 West Street
Three Rivers, MI 49093

RE: Application #: AF750385328
Miracle AFC Home
402 West Street
Three Rivers, MI 49093

Dear Ms. Baroya:

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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(517) 281-9913

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF750385328
Applicant Name:	Manoshi Baroya
Applicant Address:	402 West Street Three Rivers, MI 49093
Applicant Telephone #:	(909) 277-3903
Administrator:	N/A
Licensee:	Manoshi Baroya
Name of Facility:	Miracle AFC Home
Facility Address:	402 West Street Three Rivers, MI 49093
Facility Telephone #:	(909) 277-3903 10/13/2016
Application Date:	
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/13/2016	Enrollment
10/20/2016	PSOR on Address Completed
10/20/2016	Contact - Document Sent Rule & Act booklets
10/20/2016	Application Incomplete Letter Sent App - pg 2 #'s 49 & 50; rec cl, FP's, Livescan request for Manoshi; rec cl for Daniel (RP)
10/25/2016	Comment FP's for Manoshi
10/27/2016	Contact - Document Received Rec cl, Livescan request for Manoshi; rec cl for Daniel
10/28/2016	Lic. Unit file referred for background check review Daniel (RP)
10/28/2016	Application Incomplete Letter Sent GMC Letter sent for Daniel Smith, Responsible Person.
12/05/2016	Application Incomplete Letter Sent
02/17/2017	Inspection Completed On-site
02/17/2017	Inspection Completed-BCAL Sub. Compliance
03/10/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a large two-story wood frame family home with an attached garage located in a residential area about one half mile from downtown Three Rivers. The first floor of this home contains the licensee's personal living quarters, kitchen and the resident dining area. The licensee's personal living quarter's is not meant for resident use as it contains the licensee's personal bedroom. This facility is not wheelchair accessible.

The furnace is forced air and is located in the basement which is accessible through the garage. A 1 ¾ inch solid wood core door that is equipped with an automatic self-closing device and positive latching door hardware is installed at the door leading from the garage into the kitchen. This door creates separation between the furnace and the facility.

The family home is equipped with battery-powered, single-station smoke detectors that have been installed near sleeping areas, in the living room, and the basement where the furnace is located. Ms. Baroya has provided documentation that ceiling tiles in the upstairs bathroom and one bedroom on the main floor are rated Class A for fire protection. The facility utilizes city water and sewer services.

Three resident bedrooms and two separate resident living areas are located on the second floor of the family home. Residents need to be completely ambulatory to reside in this facility. Residents have three means of entrance and exit on the main floor. An enclosed balcony, which serves as an outside porch for the resident living in that room and as a secondary means of egress, is located on the second floor. A patio area outside of the home is available for resident use as well as opportunities for gardening and outdoor activities are available on the property to help residents enjoy the outdoors. Visitors are allowed parking in the driveway of the home or on the street. The home is located in a neighborhood separated from any major roadway, with minimal pedestrian and vehicle traffic.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	6'9" x 15'2"	102	1
#2	9'1" x 15'	135	2
#3	14'8" x 13'9"	205	3

The indoor living and dining areas measure a total of 297 square feet of living space. Residents have 87 square feet on the main floor and over 209 square feet on the second floor. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Ms. Baroya intends to provide 24-hour supervision, protection and personal care to six (6) fully 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. Ms. Baroya intends to accept residents from St. Joseph County-DHS, St Joseph County CMH, or private pay individuals as a referral source. This facility was previously licensed as a family home for three years while Ms. Baroya was married. She is the sole applicant and only household member living in the family home besides residents.

In addition to the above program elements, it is the intent of Ms. Baroya to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of Ms. Baroya and the responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Baroya and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Baroya has sufficient financial resources to provide for the adequate care of the residents as evidenced by the income from continuing to provide care for the AFC residents that have remained in the home from the time when it was previously licensed for adult foster care from March 2013 until January 2016.

Ms. Baroya acknowledged the requirement that the licensee 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 six (6) 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.

Ms. Baroya 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.

Ms. Baroya acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

Ms. Baroya acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Baroya 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.

Ms. Baroya acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Baroya indicates that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Baroya 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.

Ms. Baroya 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.

Ms. Baroya 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.

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

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

Ms. Baroya 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.

Ms. Baroya 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of six residents.

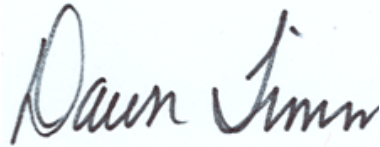


03/27/2017

Eli DeLeon
Licensing Consultant

Date

Approved By:



04/06/2017

Dawn N. Timm
Area Manager

Date