



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 20, 2017

Christine Decker
9914 E ML Ave.
Galesburg, MI 49053

RE: Application #: AF390384856
CD Mended Hearts AFC Home
9914 E ML Ave.
Galesburg, MI 49053

Dear Mrs. Decker:

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 3 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 "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF390384856
Applicant Name:	Christine Decker
Applicant Address:	9914 E ML Ave. Galesburg, MI 49053
Applicant Telephone #:	(269) 598-7923
Administrator/Licensee Designee:	N/A
Name of Facility:	CD Mended Hearts AFC Home
Facility Address:	9914 E ML Ave. Galesburg, MI 49053
Facility Telephone #:	(269) 598-7923 09/14/2016
Application Date:	
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/14/2016	Enrollment
09/15/2016	Inspection Report Requested - Health 1026167
09/15/2016	Contact - Document Sent Rule & ACT Books
09/15/2016	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Christine, 1326's for DeWayne Decker and Resp Person Karon Dillon and page 3 of app sent back for completion
10/11/2016	Inspection Completed-Env. Health: B
11/23/2016	Contact - Document Received Completed Application and 1326/Fingerprint/RI 030 for Christine
11/29/2016	Application Incomplete Letter Sent 1326's for DeWayne Decker and Karon Dillon
12/28/2016	Contact - Document Received 1326's for Karen Dillon & Dewayne Decker
01/04/2017	File Transferred To Field Office Kalamazoo
01/09/2017	Comment Forwarding enrollment to licensing consultant D. Konopka in Kalamazoo
01/13/2017	Application Incomplete Letter Sent
05/05/2017	Inspection Completed-BCAL Sub. Compliance
05/05/2017	Inspection Completed On-site
07/12/2017	Inspection Report Requested - Health Re-inspection needed due to B rating.
07/21/2017	Inspection Completed On-site
07/21/2017	Inspection Completed-BCAL Sub. Compliance
07/25/2017	Inspection Completed-Env. Health : D This was a reinspection as the original EH came back as a B rating. Nitrates are too high.

08/25/2017 Inspection Report Requested - Health re-inspection

09/06/2017 Contact - Document Sent
Sent a follow-up email to EH inspector, Lucas Poles, regarding the re-insepction.

09/11/2017 Contact - Telephone call received
Received a voicemail from licensee stating their nitrate system was throughout the whole house so there wasn't a separate tap to take the sample from - only one tap.

09/11/2017 Contact – Telephone call made
To Lucas Poles

09/18/2017 Contact – Telephone call received
Voicemail from licensee, Christine Decker

09/18/2017 Contact – Telephone call received
Another voicemail from licensee, Christine Decker

09/18/2017 Contact – Telephone call received
Received voicemail from Lucas, from EH. He said they still had not received my request for another water sample.

09/18/2017 Contact – Document sent
Resent the EH request to the secretary at Kalamazoo EH that I had originally sent on 08/25/2017

09/19/2017 Contact – Telephone call received
Received another voicemail from Lucas. He reported EH would go out on Thursday to take another water sample

09/19/2017 Contact – Document Sent
Sent an email to Lucas. I will review report when it comes in.

09/21/2017 Inspection Completed – Env Health: D
Notes from the EH report included low nitrates at the treated source, but raw water entering the home was above the acceptable level. Recommended new well to be drilled.

09/26/2017 Contact – Telephone call received
Voicemail from licensee stating the nitrate level in water were low.

09/26/2017 Contact – Telephone call received
Voicemail from licensee again stating EH told her they had an A

rating for their water.

- 09/26/2017 Contact – Document sent
Sent Lucas, of EH, an email asking if the licensee's water came back approved. Test results aren't back yet.
- 09/27/2017 Contact – Telephone call received
Received text from licensee asking if I received water results from EH.
- 09/27/2017 Contact – Telephone call received
Received another voicemail from licensee requesting a call back.
- 09/27/2017 Contact – Telephone call made
Texted licensee back. Advised I was waiting to call her until I received EH report.
- 09/28/2017 Contact – Telephone call received
Received a couple voicemails from the licensee
- 10/02/2017 Contact – Telephone call made
Spoke to licensee. EH reports states D rating still. She refuses to withdraw her application. Requested a new EH inspection be completed - that they'll pay for it and turn off the nitrate removal system.
- 10/06/2017 Contact – Telephone call received
Text from licensee stating she had requested a new water sample without using nitrate removal system.
- 10/06/2017 Contact – Document sent
Emailed Lucas Poles at EH. He confirmed another water sample was taken, but it was not rated.
- 10/09/2017 Contact – Document received
Received email from licensee to Senator Margaret O'Brien
- 10/19/2017 Inspection Report Requested – Health
- 10/05/2017 Inspection Completed-Env. Health : A
From inspection request on 10/19/2017
- 10/30/2017 Contact – Telephone call received
Received voicemail from licensee asking when she could expect to receive her AFC license.

10/31/2017	Contact – Document Sent Texted licensee letting her know I was working on her license this week and next week.
11/02/2017	PSOR on Address Completed No hits
11/02/2017	Inspection Completed – BCAL Full Compliance
11/02/2017	Contact – Document Sent Requested additional information from licensee
11/03/2017	Contact – Document Received Licensee sent documentation residents will sign regarding pool use along with written direction on how they will keep residents safe from using pool unattended. Licensee sent additional information regarding her background with population.
11/07/2017	Contact – Face to face Completed an onsite to re-measure bedrooms. Square footage only allows 3 residents.
11/07/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

CD Mended Hearts AFC Home is an A-frame style home located in a rural setting of Galesburg located just south of I-94 highway. The home consists of the main level, a loft style second floor where the licensee and her husband’s personal room is located and then a finished basement. Residents will reside on the main level of the home, which includes the kitchen, dining room, living room, three bedrooms and a bathroom. All the bedrooms are located in the hallway off the East side of the home. There is an underground pool behind the house off the hallway; however, it is enclosed within a locked fence and the exit to the pool off the hallway is inaccessible (note: this exit is not used as a means of egress). The finished basement of the home has laundry, another bathroom and living space for residents. The licensee has several pets including dogs and cats, which were shown to be up to date on all vaccinations. The home is not wheelchair accessible.

The facility is utilizing a private water and sewer system, which was inspected and approved by the local health department on 10/05/2017. The home has tested positive for elevated levels of nitrates in the past; however, Kalamazoo’s Environmental Health

Department reported the home has a nitrate filter system. The Environmental Health Department recommended the home have an annual sampling of both treated and untreated water sources to ensure the treatment unit is being maintained properly. CD Mended Hearts AFC Home signed a contract with Gordon Water Systems on 08/25/2017 agreeing to have their nitrate filter system cleaned every three months.

The boiler and electric 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 in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The exposed pipes to the boiler system are wrapped in material that would prevent injury if they were touched or brushed up against. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.49' x 10.68'	122.71'	1
2	(10.01' x 9.34') + (4.04' x 3.51')	107.67'	1
3	9.97' x 12.6'	125.62'	1

The living, dining, and sitting room areas measure a total of 703 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 **three (3)** 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 even though these documents are not required for a AFC family home license. The applicant intends to provide 24-hour supervision, protection and personal care to three (3) male or female ambulatory adults whose diagnosis is developmentally disabled, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Examples of community events, programs, and opportunities to improve social skills include, but are not limited to the following: weekly movie night, monthly V Group offered through Valley Family Church, crafts, special outings like the annual dog walk, Christmas Parade, celebrating birthdays, and swimming during the summer with supervision. A personal behavior support plan will be designed and implemented for each resident's social and

behavioral developmental needs. The applicant intends to accept residents from Kalamazoo County CMHSAS or private pay individuals as a referral source.

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 all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by cash in savings and income from both the applicant and the applicant's spouse who have outside employment.

The applicant 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 applicant has extensive experience in providing health related assistance to developmentally disabled adults. She began working in the medical field at 14 years old as a Candy Striper in Florida. She then became a nurse's aide, then an LPN, and finally a Registered Nurse in 1991. Over the course of her nursing career she has worked with a variety of people in different medical departments such as surgery, rehabilitation, supervision and hospice. She has also worked directly with developmentally disabled and stroke clients by coordinating and obtaining information from their adult foster care and nursing homes and their guardians by obtaining their histories in preparation for surgeries.

A criminal history check was conducted and determined that Christine Decker is of good moral character and eligible for employment in a licensed adult foster care facility. Christine Decker submitted a statement(s) from a physician documenting her good health and current TB-tine negative results.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff to 3 residents per shift. The applicant acknowledges that the staff 1 to 3 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 due to the facility being a family home. A responsible person will be on call in an emergency situation for up to 72 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 1 to 3 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 1–to-3 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 resident's 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of three (3) residents.

Cathy Cushman

11/07/2017

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

11/20/2017

Dawn N. Timm
Area Manager

Date