



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 12, 2017

Josephine Halder
8887 Meadow Lane
Berrien Springs, MI 49103

RE: Application #: AF110390457
Josephine AFC Home
8887 Meadow Lane
Berrien Springs, MI 49103

Dear Mrs. Halder:

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 five (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 black ink, appearing to read "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 #:	AF110390457
Licensee Name:	Josephine Halder
Licensee Address:	8887 Meadow Lane Berrien Springs, MI 49103
Licensee Telephone #:	(269) 815-5030
Administrator/Licensee Designee:	N/A
Name of Facility:	Josephine AFC Home
Facility Address:	8887 Meadow Lane Berrien Springs, MI 49103
Facility Telephone #:	(269) 815-5030
Application Date:	09/19/2017
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/19/2017	On-Line Enrollment
09/22/2017	PSOR on Address Completed
09/29/2017	Contact - Document Received
10/04/2017	Inspection Report Requested - Health Inv. #1027531
10/19/2017	Inspection Report Requested - Health orig. request was for water; home has city water, but has a private septic system
11/01/2017	Inspection Completed-Env. Health : A
11/13/2017	Application Incomplete Letter Sent
12/07/2017	Application Complete/On-site Needed
12/07/2017	Inspection Completed On-site
12/07/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Josephine AFC Home is a single story raised ranch-style home with a full basement and attached garage located in a residential neighborhood. The home is within walking distance of the village of Berrien Springs. This facility is not wheelchair accessible. This facility has three resident bedrooms; two for double occupancy and one for a single occupant. The living room provides 247 square feet of space and the dining room has 88 square feet of space for a total of 335 square feet, which provides adequate square footage of living space for five residents. There is one full bathroom and one half bath on the main level. The licensee and her family will live in the fully-furnished basement of the facility, which will not be occupied or used by residents. The basement contains a full kitchen, a living room or common area, two bedrooms and a full bathroom. There are several egress windows. The basement also contains the gas, forced-air furnace gas water heater, laundry facilities and sump pump system.

The home has municipal water through the village of Berrien Springs and a septic system which was inspected and approved by the Berrien County Health Department. There is a 1 ¾" solid-core wood door with a self-closing device at the bottom of the stairs for appropriate floor separation for fire safety purposes. An inter-connected, hard-wired smoke detection system is installed and maintained. There are three fire extinguishers on the main level and one in the basement. This home has been previously licensed as a small group home.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'7" X 9'10"	94 SF	1
2	11'8" X 13'6"	157 SF	2
3	13'3" X 15'	198 SF	2

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Mrs. Halder plans to admit male and female individuals who are between 18 and 65 years of age and who are mentally ill or developmentally disabled and will accept referrals from DHHS, community mental health, and other sources. The licensee will accept private pay or state payment.

Mrs. Halder intends to provide 24-hour supervision, protection and personal care in addition to room and board in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

The licensee will provide transportation for program and medical needs in the local area and for local shopping. The home will provide for a variety of leisure and recreational activities and equipment, including TV with cable, books, walks, and in-home activities and exercise.

C. Applicant and Responsible Person Qualifications

A record clearance was completed with no convictions recorded for Mrs. Halder, her husband, and the responsible person. The applicant, member of the household, and responsible person submitted a medical clearance with statements from a physician documenting their good health and current TB-tine negative results.

Mr. and Mrs. Halder have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment and savings.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is 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 five (5) residents will be the responsibility of Mrs. Halder and her husband, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Mrs. Halder has indicated that for the original license of this five-bed family home, there is adequate supervision with one responsible person on-site-for-five residents. The applicant acknowledges that the number of responsible persons on-site-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Mrs. Halder acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Mrs. Halder 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.

Mrs. Halder acknowledges 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.

Mrs. Halder acknowledges their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person or volunteers working directly with residents.

Mrs. Halder acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person and volunteers.

Mrs. Halder 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.

Mrs. Halder acknowledges their responsibility to obtain the required 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.

Mrs. Halder 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.

Mrs. Halder 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.

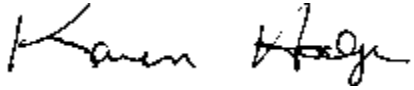
Mrs. Halder acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights and agrees to respect and safeguard these rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

Mrs. Halder acknowledges 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.

Mrs. Halder acknowledges 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 that a temporary license be issued to this Adult Foster Care Family Home with a capacity of five (5) residents.



12/07/2017

Karen Hodge
Licensing Consultant

Date

Approved By:



12/12/2017

Dawn N. Timm
Area Manager

Date