



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 5, 2018

Constance Yates
86 Yale
Battle Creek, MI 49017

RE: Application #: AF130390161
Yates Family Home Care
86 Yale St.
Battle Creek, MI 49017

Dear Ms. Yates:

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 blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

Application #:	AF130390161
Applicant Name:	Constance Yates
Applicant Address:	86 Yale Battle Creek, MI 49017
Applicant Telephone #:	(269) 579-1164
Administrator/Licensee Designee:	N/A
Name of Facility:	Yates Family Home Care
Facility Address:	86 Yale St. Battle Creek, MI 49017
Facility Telephone #:	(269) 579-1164 08/18/2017
Application Date:	
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/18/2017	Enrollment
08/29/2017	Contact - Document Sent-Rule & ACT Books
08/29/2017	Application Incomplete Letter Sent-Page 3 & 4 of application
09/07/2017	Contact - Document Received- Page 3 & 4 of application
09/07/2017	File Transferred To Field Office-Lansing
10/12/2017	Application Incomplete Letter Sent
01/25/2018	Application Complete/On-site Needed
01/25/2018	Inspection Completed On-site
01/25/2018	Inspection Completed-BCAL Sub. Compliance
01/30/2018	Contact – Documentation Received
01/30/2018	Confirmation from BFS.
01/30/2018	Inspection Completed- BCAL Full Compliance due to receipt of all required documents

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Yates Family Home Care is a two story home located in the city of Battle Creek. The property is owned by the applicant Constance Yates, and on file is proof of property ownership. Mrs. Yates is an occupant of the home, and resides in the home's finished basement. The finished basement will not be licensed for resident use. The main entrance of the home opens into the home's living room. Located to the left of the home's living room, are two resident bedrooms and one resident bathroom, equipped with a wheelchair accessible shower. The home's shared kitchen and dining area are located towards the back of the home. Off of the home's living room is a staircase that leads to the home's second floor. Two resident bedrooms are located on the home's second floor. The home is equipped with a wheelchair ramp at the home's main entrance.

An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes the public water and sewer system.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home is equipped with battery powered smoke detectors, which are located in each resident bedroom, in the kitchen, in the furnace room and in the kitchenette located in the home's finished basement.

There is a gas fireplace located in the home's living room. A gas hot water heater and furnace are located inside of a furnace room, which is also located in the home's finished basement. A 1 ¾-inch solid metal door is installed in a substantially fully stopped steel frame at the top of the stairs leading to the home's basement, creating floor separation. On file is written verification from a qualified inspection service verifying that the home's gas fireplace, gas hot water heater and gas furnace have been properly installed and are in good working condition. The Bureau of Fire Services has verified that the cedar wood wall planks used as interior finish through several areas in the home have at minimum a Class C fire rating. Also on file is documentation verifying that the ceiling panels used in the home have a Class A fire rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'23" x 13'38"	130	2

	3'12" x 2'11"		
2	9'94" x 11'30"	112	1
3	11'52" x 8'83" 7'52" x 3'74"	137	2
4	10'70" x 8'90" 2'67" x 4'	106	1

The indoor living and dining areas measure a total of 355 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged and/or developmentally disabled. The applicant has had several years of experience providing direct care to her elderly mother, as well as an elderly friend of the family. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, and an opportunity for involvement in educational or day programs and/or employment. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive assistance and support services through the Calhoun County Department of Health and Human Services and the Region 3B Area Agency on Aging.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

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

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted

statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents, as well income generated from several rental properties.

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 supervision of residents in this family home licensed for six 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.

The applicant 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.

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

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicate 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.

The applicant acknowledged the 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 and as required.

The applicant 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.

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

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

The applicant 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.

The applicant 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.

VI. RECOMMENDATION

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

Michele Struter

02/02/2018

Licensing Consultant

Date

Approved By:

Dawn Timm

02/05/2018

Area Manager

Date