



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 1, 2018

Stella Agonor
Bettercare AFC Inc.
2120 Cawdor Ct
Lansing, MI 48917

RE: Application #: AS330390693
Bettercare AFC Inc.
444 West Street
Lansing, MI 48915

Dear Ms. Agonor:

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 cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure



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

I. IDENTIFYING INFORMATION

License Application #:	AS330390693
Licensee Name:	Bettercare AFC Inc.
Licensee Address:	2120 Cawdor Ct Lansing, MI 48917
Licensee Telephone #:	(517) 410-4331
Administrator:	Stella Agonor
Licensee Designee:	Stella Agonor
Name of Facility:	Bettercare AFC Inc.
Facility Address:	444 West Street Lansing, MI 48915
Facility Telephone #:	(517) 410-4331 09/30/2017
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL



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II. METHODOLOGY

09/30/2017	On-Line Enrollment
10/02/2017	Contact - Document Sent Rule & Act booklets
10/05/2017	Contact - Document Received Rec cl for Stella (LD & Admin)
10/06/2017	Contact - Document Received Corrected app
10/27/2017	Application Incomplete Letter Sent
02/23/2018	Contact - Telephone call made Spoke to applicant Stella Agonor.
03/02/2018	Contact - Document Received Received faxed up-to-date physical/TB test
03/05/2018	Contact - Telephone call made Spoke to Stella Agonor.
03/07/2018	Contact - Telephone call received Spoke to Stella Agonor who reported she is undergoing some minor home repairs and will not be ready for an onsite until 3/15/18.
03/07/2018	Application Incomplete Letter Sent Reviewed documentation received and still missing items.
03/12/2018	Application Complete/On-site Needed
03/27/2018	Inspection Completed On-site
03/27/2018	Inspection Completed-BCAL Full Compliance



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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bettercare AFC is a colonial brick two story home located in the city of Lansing, Michigan. The facility has one resident bedroom located on the main floor of the facility and three additional resident bedrooms on the second floor of the facility. There is a full-size bathroom on the second floor that is designated for resident use. There is one non-resident bedroom on the second floor of the facility, that will be used for live-in staff. The main floor has a family room, a dining area, kitchen and one full size bathroom that is designated for resident use. The facility is not wheelchair accessible and does not have a wheelchair ramp. The facility utilizes a public water supply and sewage disposal system.

The facility has a gas furnace and hot water heater that are located in the basement of the home. The basement door that separates the furnace and hot water heater from the main level of the home is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	147 x 211	215	2
2	151 x 101	105	1
3	98 x 143	97	1
4	184 x 146	186	2

The indoor living and dining areas measure a total of 334 square feet of living space. This meets/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.



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B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are mentally ill or developmentally disabled. The program will include social interaction, assistance with activities of daily living and training to develop personal hygiene, independent living skills and opportunity for involvement in educational or day programs, and community meetings, in addition to facilitating transportation arrangements as needed. The applicant intends to accept referrals from local county DHHS offices, Clinton-Eaton-Ingham CMH, and residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including community activities and meetings, local group events, and additional social activities identified by the residents. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Bettercare AFC Inc., a "Domestic Limited Liability Company" established in Michigan on 8/4/2017. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Bettercare AFC, Inc. has submitted documentation appointing Stella Agonor as licensee designee and administrator of the facility.

Criminal history background checks of the applicant/administrator were completed and she was determined to be of good moral character to provide licensed adult foster care. The applicant/administrator submitted statements from a physician documenting her good health and current negative tuberculosis test results.

The applicant/administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Stella Agonor has a Master of Science Degree in Nursing, which she obtained from Michigan State University. Mrs. Agonor is currently a registered licensed nurse with an active license in the State of Michigan. Mrs. Agonor has been overseeing adult foster care facilities as both a licensee designee and administrator since 1999 and has a long history of



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knowledge and experience in working with developmentally disabled and mentally ill populations. Mrs. Agonor has been providing direct care services to individuals residing in adult foster care facilities for approximately 18 years and meets the application experience and qualifications requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged 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 to resident ratio.

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 and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.



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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.

The applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) 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 requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/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.



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IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Handwritten signature of Stephanie Gonzalez in cursive script.

4/30/2018

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Handwritten signature of Dawn Timm in cursive script.

05/01/2018

Dawn N. Timm
Area Manager

Date