



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 12, 2018

Deanna Robinson
775 Territorial Rd
Benton Harbor, MI 49022

RE: Application #: AF110393297
Rodgers Facility
775 Territorial Rd
Benton Harbor, MI 49022

Dear Ms. Robinson:

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 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 that reads "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 #:	AF110393297
Licensee Name:	Deanna Robinson
Licensee Address:	775 Territorial Rd Benton Harbor, MI 49022
Licensee Telephone #:	(269) 927-3315
Administrator/Licensee Designee:	N/A
Name of Facility:	Rodgers Facility
Facility Address:	775 Territorial Rd Benton Harbor, MI 49022
Facility Telephone #:	(269) 927-3315
Application Date:	03/26/2018
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/26/2018	On-Line Enrollment
03/27/2018	PSOR on Address Completed
03/27/2018	Contact - Document Sent Rule & Act booklets
04/13/2018	Contact - Document Received App; rec cl's, med cl's & TB's for Deanna (applicant) & Jasmine (RP)
04/17/2018	Contact - Document Received RI-030 for Deanna
04/17/2018	Lic. Unit file referred for background check review Deanna
05/01/2018	Application Incomplete Letter Sent
05/10/2018	Inspection Completed On-site
06/06/2018	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Rodgers Facility is a two-story, wood-frame structure in the city of Benton Harbor. The home is located in a residential area within close proximity to churches, health clinics, and shopping. The home can receive public transportation services. This home was originally licensed in 1983 as an AFC family home for five residents and was owned and operated by the applicant's mother. The home has three resident bedrooms; two are upstairs and are for double occupancy and one is on the main level for one resident. There is a bathroom on both levels of the home. The main floor contains the living area, dining area, and the kitchen. There are also two bedrooms and a bathroom which are for the licensee's use. The home is not wheelchair accessible as there are steps at both the front and back entrance and resident bedrooms are on the second floor. The home utilizes public water, trash and sewage systems.

The water heater and furnace are both gas-fueled and are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors which have been installed near sleeping areas, in the living room, and

in the basement near the furnace. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'5" x 9'3"	87 SF	1
2	7'6" x 16'9" (125) + 7.5 x 5.5 (33)	158 SF	2
3	16'6" x 6'3" (103) + 4'4" x 7' (30)	133	2

The living, dining, and sitting room areas measure a total of 335 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 **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Ms. Robinson intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, developmentally disabled or mentally ill. She intends to provide room and board in addition to personal care, protection, and supervision as outlined in the resident's assessment plan. She is willing to provide transportation in the local area for residents, longer distances for medical appointments if necessary, and residents can use public transportation. Ms. Robinson intends to accept residents from Berrien County-DHHS, the hospital, and other local referral sources.

Residents can utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A record clearance was completed with no convictions recorded for the applicant. Ms. Robinson and her responsible person submitted medical clearances with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Robinson has 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 savings.

Ms. Robinson 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 the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Ms. Robinson has indicated that for the original license of this 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.

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

Ms. Robinson 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.

Ms. Robinson 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.

Ms. Robinson acknowledges her 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(s) or volunteer(s) working directly with residents.

Ms. Robinson acknowledges her 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(s), responsible person(s) and volunteer(s).

Ms. Robinson 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. Robinson acknowledges her 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. Robinson acknowledges her 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.

Ms. Robinson 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.

Ms. Robinson 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 her intent to achieve and maintain compliance with these requirements.

Ms. Robinson 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. Ms. Robinson has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Robinson 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.

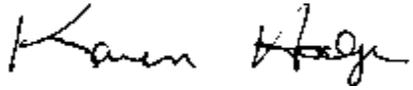
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 (capacity 5).

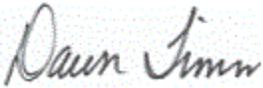


06/08/18

Karen Hodge
Licensing Consultant

Date

Approved By:



06/12/2018

Dawn N. Timm
Area Manager

Date