



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 28, 2018

Ritu Choudhry  
418 Hill St  
Ionia, MI 48846

RE: Application #: AF340394816  
Hill Top Care  
418 Hill Street  
Ionia, MI 48846

Dear Ms. Choudhry:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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) 284-9727.

Sincerely,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW".

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF340394816
<b>Applicant Name:</b>	Ritu Choudhry
<b>Applicant Address:</b>	418 Hill St Ionia, MI 48846
<b>Applicant Telephone #:</b>	(616) 329-4302
<b>Administrator/Licensee Designee:</b>	Ritu Choudhry
<b>Name of Facility:</b>	Hill Top Care
<b>Facility Address:</b>	418 Hill Street Ionia, MI 48846
<b>Facility Telephone #:</b>	(616) 329-4302
<b>Application Date:</b>	04/15/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

04/15/2018	Enrollment Online enrollment
06/22/2018	PSOR on Address Completed
06/22/2018	Lic. Unit file referred for background check review Tripta C (RP) - RS
06/22/2018	Contact - Document Sent Rule & Act booklets
06/22/2018	Application Incomplete Letter Sent App - remove LLC; rec cl for Robert
08/15/2018	Inspection Completed-Onsite
08/20/2018	Inspection Completed-Onsite
09/07/2018	Inspection Completed-Onsite
09/11/2018	Inspection Completed-Env. Health : A
09/14/2018	Suitability Investigation-Completed Approved

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-bedroom, single family home located in the city of Ionia. The main floor of the home consists of a large living room, kitchen, dining room, full size bathroom and four resident bedrooms. The laundry facility is located on the main floor of the home. The second floor of the home consists of a full-size bathroom, one resident bedroom, a bedroom and living room for staff. There is also a large storage room. The facility uses private water and municipal sewage disposal.

The gas furnace and hot water heater are located in the lower level of the facility. The main level and lower level are separated by a door constructed of materials that provide a 1-hour fire resistance rating with a 1 ¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware. The facility is already equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

<b>Room #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b># of Resident Beds</b>
1	13'10" X 7'3"	95.63	1
2	14'3" X 7'7"	110.11	1
3	8' X 13'1"	104.8	1
4	13'2" X 11'1"	146.52	2
5	15'4" X 11'	169.4	1

The living, dining and lower level sitting room areas measure a total of 620 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 **six** residents. It is the licensee's responsibility to not exceed the facility's licensed capacity.

### **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six residents whose diagnosis are mentally ill, developmentally disabled, aged, Alzheimer's or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to 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 Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant or responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results. On 09/14/2018, a suitability investigation was completed regarding the suitability of the responsible person. Applicant, Ritu Choudhry listed Tripta Choudhry as the person responsible. Tripta Choudhry had a license revocation on 04/14/2011. Based on the length of time since Tripta Choudhry was licensed and the fact that Ritu Choudhry is the applicant, it was determined there were no rule violations and Ritu Choudhry was able to proceed with the licensing process.

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.

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 six 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.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 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.

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

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](http://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. 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 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 volunteer working directly with residents.

The applicant 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 volunteer.

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 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 residents' 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 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.

The applicant 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. 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.

#### **IV. RECOMMENDATION**

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

*Megan Aukerman, MSW*

09/28/2018

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Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

09/28/2018

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Jerry Hendrick  
Area Manager

Date