



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 15, 2018

Naily Baroya  
59296 Noah Lake Drive  
Three Rivers, MI 49093

RE: Application #: AF750391975  
**Naily's AFC Home**  
**240 S. Main Street**  
**Three Rivers, MI 49093**

Dear Ms. Baroya:

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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(517) 281-9913

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF750391975
<b>Applicant Name:</b>	Naily Baroya
<b>Applicant Address:</b>	59296 Noah Lake Drive Three Rivers, MI 49093
<b>Applicant Telephone #:</b>	(909) 534-9737
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Naily's AFC Home
<b>Facility Address:</b>	240 S. Main Street Three Rivers, MI 49093
<b>Facility Telephone #:</b>	(909) 534-9737
<b>Application Date:</b>	12/14/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

12/14/2017	Enrollment
01/04/2018	PSOR on Address Completed
01/04/2018	Contact - Document Sent Rule & Act booklets
01/04/2018	Application Incomplete Letter Sent
01/19/2018	Contact - Document Received
01/26/2018	Application Incomplete Letter Sent
05/30/2018	Inspection Completed On-Site
06/05/2018	Confirming letter sent
07/26/2018	Contact- Repairs Completed
08/26/2018	Contact-Fire Door Repaired
09/21/2018	Inspection Completed On-Site- Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a large two-story wood frame home with an attached garage located in a residential area about one half mile from downtown Three Rivers. Within a mile radius of the home are three city parks, a museum and several restaurants and convenience stores. The first floor of this home contains the licensee's personal living quarters, as well as the kitchen. Resident bedrooms, one full bathroom and living area are located on the second floor. A Resident dining area is located on the main floor adjacent to a means of egress for the home. This facility is not wheel chair accessible. This facility has city water and sewer services.

The furnace is forced air and located in the basement which is accessible through the dining room. A 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading from the dining room to the basement

The facility is equipped with battery-powered, single-station smoke detectors have been installed near sleeping areas, in the living room, and the basement where the furnace is located. The applicant has provided documentation that the ceiling tiles are rated Class A for fire protection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10'X15'	150	2
#2	13'X14'	182	2
#3	13'X15'	195	2

The indoor living and dining areas measure a total of 315 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.

### **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six ambulatory residents whose diagnosis is aged, developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from St. Joseph County-DHS, St Joseph County CMH, or private pay individuals as a referral source.

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. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **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.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home 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 acknowledges 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](http://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 indicates 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/as needed basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all 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 to document the date and amount of the adult foster care service fee paid each month and all 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 residents.



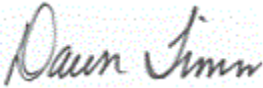
09/21/2018

---

Eli DeLeon  
Licensing Consultant

Date

Approved By:



10/15/2018

---

Dawn N. Timm  
Area Manager

Date