



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 23, 2018

Clara Hollist  
1108 Hapeman Street  
Lansing, MI 48915

RE: Application #: AS330391296  
**Beersheba AFC Home**  
**520 S. Holmes Street**  
**Lansing, MI 48912**

Dear Ms. Hollist:

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 cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330391296
<b>Applicant Name:</b>	Clara Hollist
<b>Applicant Address:</b>	1108 Hapeman Street Lansing, MI 48915
<b>Applicant Telephone #:</b>	(517) 395-3868
<b>Administrator:</b>	Clara Hollist
<b>Licensee:</b>	Clara Hollist
<b>Name of Facility:</b>	Beersheba AFC Home
<b>Facility Address:</b>	520 S. Holmes Street Lansing, MI 48912
<b>Facility Telephone #:</b>	(517) 395-3868
<b>Application Date:</b>	11/03/2017
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## **II. METHODOLOGY**

11/03/2017	Enrollment
11/08/2017	Contact - Document Sent Rule & Act booklets
02/14/2018	Application Incomplete Letter Sent
03/27/2018	Contact - Document Received Received copy of admission policy, budget, credit report, discharge policy, floor plans, organizational chart, permission to inspect, personal financial statement, program statement, right to occupy, standard/routine procedures, staffing pattern/description, statement of income, medical clearance and TB test
04/11/2018	Inspection Completed On-site
04/11/2018	Inspection Completed-BCAL Sub. Compliance
04/11/2018	Confirming Letter Sent
04/25/2018	Inspection Completed-BCAL Sub. Compliance
04/25/2018	Confirming Letter Sent
04/30/2018	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

Beersheba AFC Home is a two-story vinyl siding home located in a residential neighborhood in the city of Lansing. The facility has a paved driveway with space for visitor parking. On the first floor, the facility has a bedroom designated for resident use, a bedroom designated for a staff member and a bathroom. There are two resident bedrooms and a bathroom on the second floor of the home. The home also consists of a living room area, eat-in kitchen with dining area, and laundry room on the first floor. There are two exits on the main level of the home. The front exit is off the main living room and the back exit is located off the kitchen. There are no ramps on either of the exits and the home is not wheelchair accessible. There is a steep staircase leading to the second floor of the home that any resident occupying a bedroom on the second floor of the home must be able to safely navigate. The home has public water and sewage.

The electric furnace and hot water heater are located in the basement of the home. Floor separation between the basement and the main level of the home is created by a

20-minute metal fire rated door that is equipped with automatic, self-closing and positive latching hardware that is hung in a fully stopped wooden frame.

The facility is equipped with single- station smoke detectors located in the living areas, kitchen, resident sleeping areas, and the basement. The facility is equipped with fire extinguishers on the main level, second level and in the basement.

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' 6" X 11' 8"	110	One
#2	12' 11" X 13' 10"	179	Two
#3	10' 0" X 14' 7"	146	Two

The indoor living and dining areas measure a total of 237 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 5 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 5 (five) male or female residents who are aged or developmentally disabled. The facility will accept residents who are moderate to high functioning developmentally disabled and aged adults. The facility plans to ensure that only residents who are behaviorally stable and compatible and able to communicate their needs are accepted. The facility will provide residents with the opportunity to participate in activities in the community as well as providing activities in the home that are specific to the residents' personal interests. The program will include transportation and participation in residents' medical appointments, participation and assistance with residents' treatment and personal goals, teaching and modeling independent living skills such as household chores, cooking or budgeting, teaching and modeling social skills, and behavior management. The applicant plans to accept referrals from Community Mental Health or Tri-County Office on Aging.

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 the public library, local museums, parks, shopping centers, movie theaters, restaurants, churches, and the zoo. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant and Administrator Qualifications**

The individual applicant is Clara Hollist who 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 the income generated from her currently licensed adult foster care home.

Criminal history background checks of the applicant/administrator Clara Hollist were completed and they were 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 provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Hollist has nearly 15 years of experience working with elderly adults and developmentally disabled adults as a certified nursing assistant and as the licensee for a licensed adult foster care home licensed for individuals who are aged or developmentally disabled, which is in good standing. Ms. Hollist stated she directly assisted residents with all activities of daily living, medication administration, as well as coordination of medical appointments and prescription refills. Ms. Hollist stated she is skilled in behavior management and increasing residents' independence by teaching and modeling independent living skills. Ms. Hollist has been formally trained in the topics of blood-borne pathogens, basic health and medications, body mechanics, CPR and first aid, environmental safety, resident rights, working with people, transfer techniques, de-escalation skills, and personal safety skills.

The staffing pattern for the original license of this (5) five bed facility is adequate and includes a minimum of one staff for (5) five 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 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 and assured that only those direct care staff that have received

medication training and have been determined competent by the licensee 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.

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 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.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).



05/09/18

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Leslie Barner  
Licensing Consultant

Date

Approved By:



05/23/2018

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Dawn N. Timm  
Area Manager

Date