



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

April 4, 2019

Jackson Byiringiro
6673 Vantage Dr SE
Caledonia, MI 49316

RE: Application #: AF410397090
Health Accommodation
6673 Vantage Dr SE
Caledonia, MI 49316

Dear Mr. Byiringiro:

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 (616) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF410397090

Licensee Name: Jackson Byiringiro

Licensee Address: 6673 Vantage Dr SE
Caledonia, MI 49316

Licensee Telephone #: (616) 318-3760

Administrator/Licensee Designee: N/A

Name of Facility: Health Accommodation

Facility Address: 6673 Vantage Dr SE
Caledonia, MI 49316

Facility Telephone #: (616) 318-3760

Application Date: 11/02/2018

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/02/2018	On-Line Enrollment
11/08/2018	Contact - Document Sent Rule & ACT Books
11/30/2018	Contact - Document Received 1326/RI 030/Fingerprints for Jackson Byiringiro and AFC 100 for Beathe Uwizeyimana
12/03/2018	PSOR on Address Completed
12/03/2018	Comment Unaffiliated minor household members Becky Byiringiro (3/18/13), Aimee Byiringiro (04/14/10) & Beth Byiringiro (1/21/16)
12/04/2018	File Transferred To Field Office Grand Rapids
12/10/2018	Comment Received on 12/10/2018.
12/14/2018	Contact - Document Sent Sent AFC incomplete application letter.
02/02/2019	Contact -Document Received Application for Special Certification (the document was incomplete)
03/04/2019	Contact – Documents Received Trainings Certificates
03/20/2019	Inspection Completed On-site
03/27/2019	Inspection Completed On-site
03/28/2019	Contact – Document Received Completed Application for Special Certification.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two story stick framed construction with a basement located in a residential neighborhood, in a subdivision in Caledonia. The home has a front porch

with steps that have hand rails on either side. The main floor has a study, a kitchen, a dining room, a living room and a full bathroom. Off the dining room is a porch with a set of stairs leading to the back yard. There is a door leading to the two-stall attached garage. There is an open stairway to the second floor. The second floor has a large two bed resident room with a full bathroom attached, two single resident bedrooms and a full bathroom. There is a large floor area outside of the resident bedrooms and an open area that is railed that looks down onto the living room. The laundry room is located in the basement. The family members are using the basement area as their living and sleeping areas. This family home is not wheelchair accessible and therefore there is not a wheelchair ramp. The front door is the one approved means of egress. The home will utilize public water and sewage.

The gas furnace and gas water heater are located in the basement in an enclosed room. The heat producing equipment, located in the basement, are separated from the remainder of the home by means of a floor separation with a 1 ¾” solid fire rated door located at the top of the stairs and is equipped with an automatic self-closing device and positive latching hardware. The home is equipped with battery powered, single station smoke detectors which have been installed near sleeping area 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	13' 9" X 15' 6"	213.13 sq. feet	2
2	11' 6" X 10' 5"	119.83 sq. feet	1
3	11' 6" X 10' 5"	119.83 sq. feet	1

The living, dining, and a study room measure a total of 637.91 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 four 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 four (4) ambulatory residents, whose diagnosis is aged, mentally ill, physically handicapped, traumatic brain injured, Alzheimer’s, and developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kent County-DHHS, Kent County CMH, (network 180) or private pay individuals as a referral source.

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 Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. 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.

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 along with outside employment.

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 four (4) 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 4-bed family home, there is adequate supervision with 1 responsible person on-site –for- 4 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) 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(s) or volunteer(s) 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(s), responsible person(s) and volunteer(s).

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 resident's 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.

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home capacity 4.

Arlene B. Smith

04/04/2019

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

04/04/2019

Jerry Hendrick
Area Manager

Date