



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 4, 2019

Re'Ella Burrell
6345 Angling Rd.
Portage, MI 49024

RE: Application #: AF390398987
Burrell AFC
5330 Glen Harbor
Kalamazoo, MI 49009

Dear Mrs. Burrell:

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 Adult Foster Care family home license and temporary certification of specialized programs for the mentally ill and developmentally disabled populations with a maximum capacity of 5 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event 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 blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390398987
Applicant Name:	Re'Ella Burrell
Applicant Address:	6345 Angling Rd. Portage, MI 49024
Applicant Telephone #:	(269) 348-4375
Administrator/Licensee Designee:	N/A
Name of Facility:	Burrell AFC
Facility Address:	5330 Glen Harbor Kalamazoo, MI 49009
Facility Telephone #:	(269) 348-4375 03/25/2019
Application Date:	
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/25/2019	Enrollment
03/27/2019	Application Incomplete Letter Sent- 1326/Fingerprint/RI 030 for Re'Ella Burrell & AFC 100 forms for Takyi Afva & Frank Burrell
04/12/2019	Contact - Document Received- AFC 100 for Re'Niya Takyi & Frank Burrell
04/15/2019	PSOR on Address Completed
04/15/2019	Lic. Unit file referred for background check review- AFC 100 for Frank Burrell
04/22/2019	Contact - Document Received- 1326/Fingerprint/RI 030 for Re'Ella Burrell
04/30/2019	File Transferred to Field Office- Lansing
05/06/2019	Application Incomplete Letter Sent
05/21/2019	Inspection Completed On-site
05/21/2019	Inspection Completed-BCAL Sub. Compliance Confirming Letter sent
05/22/2019	Contact - Document Received
05/23/2019	Contact - Document Received
05/28/2019	Confirming Letter sent
05/28/2019	Contact- Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Burrell AFC home is a ranch style home located in a suburban neighborhood in Kalamazoo County's Texas Township. The property is owned by The Kulwant Singh and Inderjit Kaur Joint Trust. On file is proof of property ownership, as well as a written statement from the property owner granting the applicant permission to operate a licensed Adult Foster Care home on the property. Included in the written statement, the property owner has granted the department permission to inspect the property for licensing and regulatory purposes.

Applicant Re'Ella Burrell, as well as her father and minor daughter, are occupants of the home. Ms. Burrell and her daughter reside in the home's walk-out basement. The home's main entrance leads directly into a large office area. To the right of the home is a spacious living room, kitchen and dining room area. Off the home's dining room area is an exit that leads into the home's two-car garage. Also located on the right side of the home is a small hallway that leads to the home's large back porch. To the left of the home are three resident bedrooms and one resident bathroom, equipped with a shower and bathtub. There is one additional bedroom, which is occupied by Ms. Burrell's father. The home is not wheelchair assessable.

The home utilizes the public water supply and sewage disposal system. An on-site inspection verified the home is in compliance with all applicable environmental health administrative rules.

An on-site inspection verified the home is in substantial compliance with rules pertaining to fire safety. The home intends to hold a certification for specialized programs. Therefore, the home is equipped with an interconnected multi-station smoke detection system with battery backup. The home's boiler, electric hot water heater and masonry wood fireplace are located in the home's basement and are separated from the remainder of the home by means of floor separation. Located at the top of the entrance leading into the basement is a 1 ¾ inch solid wood core door, installed in a substantially fully stopped wood frame, that is equipped with an automatic self-closing device and positive latching hardware. On file is written verification the home's boiler, hot water heater and fireplace are in good working condition. On file is written documentation confirming the small section of wall paneling located in the home's basement has a Class C fire rating, and the ceiling tiles, also located in the home's basement, have a Class A fire rating.

The applicant acknowledged an understanding of the additional fire safety requirements associated with holding a certification for specialized programs.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'8" x 11'3"	156	2
2	12' x 10'	120	1
3	13'8" x 10'	138	2

The indoor living and dining areas measure a total of 380 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 five 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 five residents who have been diagnosed with a mental illness and/or developmental disability. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of mentally ill and developmentally disabled residents, as set forth in their AFC assessment plans, individual plans of service, treatment plans and/or behavioral treatment plans. The applicant intends to provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills.

The applicant acknowledged an understanding that staffing levels in the home must be sufficient to implement residents' AFC assessment plans, individual plans of service, treatment plans and/or behavioral treatment plans. The applicant, as well as all responsible persons and members of the household working with residents, will successfully complete a course of training which imparts basic concepts required in providing specialized dependent care.

Emergency transportation is available by dialing 911. Other transportation services will be specified in individual resident care agreements.

Both genders are accepted at the home. The applicant intends to accept residents who have private sources of payment for their care, as well as residents who receive assistance and support services through Kalamazoo County Community Mental Health.

If required, behavioral management programs will be identified in AFC assessment plans. These programs shall be implemented only by trained individuals 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, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence.

C. Applicant and Responsible Person Qualifications

The applicant is approved to provide care to the mentally ill and/or developmentally disabled population. The applicant has worked alongside her mother providing direct care to both populations in a licensed adult foster care setting for over twenty years. In April 2017, the applicant was issued an Adult Foster Care family home license, which included a certification of specialized programs for the mentally ill and developmentally disabled populations.

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. A criminal history background check was also conducted on the member of the household and he was determined to be of good moral character. The applicant, responsible person and member of the household 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 in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for five 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 acknowledged 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) 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 acknowledged 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, 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 retain all of 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 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 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 and temporary certification of specialized programs for the mentally ill and developmentally disabled populations, to this Adult foster Care family home, with a capacity of five.

Michele Streeter

05/28/2019

Michele Streeter
Licensing Consultant

Date

Approved By:

Dawn Timm

06/04/2019

Dawn N. Timm
Area Manager

Date