



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 31, 2019

James Saintz
Agnus Dei AFC Home Inc.
1307 42nd St.
Allegan, MI 49010

RE: Application #: AM030393581
Agnus Dei AFC Home III
3445 115th Avenue
Allegan, MI 49010

Dear Mr. Saintz:

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 8 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) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM030393581
Applicant Name:	Agnus Dei AFC Home Inc.
Applicant Address:	1307 42nd St. Allegan, MI 49010
Applicant Telephone #:	(269) 686-8212
Administrator/Licensee Designee:	James Saintz
Name of Facility:	Agnus Dei AFC Home III
Facility Address:	3445 115th Avenue Allegan, MI 49010
Facility Telephone #:	(269) 355-1009
Application Date:	04/09/2018
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/09/2018	Enrollment Online enrollment
04/10/2018	Inspection Completed-Env. Health: A
04/12/2018	Licensing Unit file referred for background check review James Saintz
04/12/2018	Contact - Document Sent Fire Safety String
04/12/2018	Inspection Report Requested - Health Inv. #1028197
04/12/2018	Contact - Document Sent Rule & Act booklets
04/17/2018	Application Incomplete Letter Sent
06/30/2019	Application Complete/On-site Needed
07/22/2019	Inspection Completed-Fire Safety: A
07/30/2019	Inspection Completed On-site
07/30/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Agnus Dei III is located at 3445 115th Avenue, Allegan, (Allegan County), Michigan 49010. It was licensed as an Adult Foster Care small group home on December 12, 2013 by the same applicant (Agnus Dei AFC Home Inc.) and was closed at the opening of this new license for a medium group home. No changes were made to the physical structure of this home, which is a one-story house with an attached two-car garage. It is located in a residential area on the outskirts of Allegan.

James Saintz is the applicant and owner of Agnus Dei AFC Home, Inc. Mr. Saintz presently owns and operates two licensed Adult Foster Care small group homes, one in Allegan County (AS030308931) and the other in Van Buren County (AS800287287). Mr. Saintz is leasing the property for this new application from EastWinds Property Management, LLC. The lease expires 60 months after January 1, 2019, when the extension from the previous lease was signed.

The home was originally designed for physically handicapped individuals. All entrances are at ground level. The open floor plan accommodates wheelchair usage, and hallway and doorway widths are adequate for wheelchair passage. A living room, activity area and dining room are located in the home separated from the kitchen by a countertop. A sliding glass door opens into the backyard from the activity/dining room area. The laundry room is next to the kitchen and has its own door. There is a small office located between the laundry room and kitchen.

Four bedrooms and two bathrooms are located in a hallway that contains an exit at the end of the hall. One bathroom contains a wheelchair roll-in shower. The second bathroom contains a handicapped accessible tub for bathing.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

Agnus Dei III will provide transportation to residents and the charges for doing so will be stated in the Resident Care Agreements. Emergency transportation needs will also be fulfilled through ambulance services; all other transportation may be arranged by family members, or other service providers who offer it to the resident who live there.

This facility has a private water supply and sewage disposal system. On April 10, 2018, the Allegan County Health Department inspected both systems and issued an "A" rating, indicating substantial compliance with applicable rules.

The furnace and hot water heater are located in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The licensing consultant observed that the fire alarm was in good working order when tested on July 30, 2019. The is also equipped with a sprinkler system. Full fire safety approval was granted by the Bureau of Fire Services on July 22, 2019.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Square Footage	# of Resident Beds
1	11'x15	165	2
2	11'x15	165	2
3	11'x15'	165	2
4	11'x15'	165	2

TOTAL CAPACITY: 8

The living, dining, and sitting room areas measure a total of 777 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 **eight** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **eight** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant has contracted to accept residents from Allegan and Van Buren County CMH pay 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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is James Saintz, owner of Agnus Dei AFC Home, Inc., which is a "For Profit Corporation" was established in Michigan, on 09/22/2006. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Agnus Dei AFC Home, Inc. has submitted documentation appointing James Saintz as Licensee Designee and Administrator of the facility. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee /administrator. Mr. Saintz submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Saintz has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 8-bed facility is adequate and includes a minimum of 1 staff-to-8 residents per shift. The applicant acknowledges that the staff -to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

Tracy Kostic, who will work at this home, completed a nutrition course geared towards Adult Foster Care homes on March 28, 2018. Her certificate is in the file.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their 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 acknowledges their 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 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 that are 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Quality of care rules will be evaluated during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 8).



July 31, 2019

Ian Tschirhart
Licensing Consultant

Date

Approved By:



July 31, 2019

Jerry Hendrick
Area Manager

Date