



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 27, 2019

K'Lee Felty
3151 136th Avenue
Hamilton, MI 49419

RE: Application #: AF030400477
Eva's AFC Home
3151 136th Avenue
Hamilton, MI 49419

Dear Ms. Felty:

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) 356-0183.

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 #:	AF030400477
Applicant Name:	K'Lee Felty
Applicant Address:	3151 136th Avenue Hamilton, MI 49419
Applicant Telephone #:	(731) 792-5112
Administrator/Licensee Designee:	N/A
Name of Facility:	Eva's AFC Home
Facility Address:	3151 136th Avenue Hamilton, MI 49419
Facility Telephone #:	(731) 792-5112
Application Date:	07/01/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/01/2019	Enrollment Online enrollment
07/03/2019	Contact - Document Sent Rule booklet
07/03/2019	Inspection Report Requested - Health Inv. #1029614
07/03/2019	PSOR on Address Completed
07/03/2019	Application Incomplete Letter Sent App; FPs, RI-030 for K'lee; AFC100 for Christopher
07/16/2019	Contact - Document Received App - last pg; RI -030 for K'l33; AFC100 for Christopher; Alxis doesn't need AFC100 at this time
07/18/2019	Lic. Unit file referred for background check review K'lee
07/18/2019	Lic. Unit file referred for background check review Christopher - Self Conf
08/03/2019	Application Incomplete Letter Sent
09/19/2019	Application Complete/On-site Needed
09/26/2019	Inspection Completed On-site
09/27/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Eva's AFC Home is located at 3151 136th Avenue, Hamilton, (Allegan County), Michigan, and is owned and operated by K'lee Felty. This home was originally and continuously licensed from 06/21/1999 until the opening of this new license under license number AF030080043 and a different licensee.

Eva's AFC Home is a ranch style dwelling that has five resident bedrooms, a staff bedroom, an office, kitchen, dining room, one full bathroom, utility room, a large family room, and a large foyer. The home is wheelchair accessible. There are handrails where required. This home utilizes private water and sewage services.

The home sits on several acres and immediately behind the house is an inground swimming pool that is fenced in. Just beyond that, separated by a fence, are a barn and farm animals. There is a several-car parking lot in front of the house.

The landscaping and driveway are kept in good, safe condition.

The furnace and hot water heater are located in a room that is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system with battery back-up that accommodates the sensory impaired, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 09/26/2019 and worked properly. There are three operable A-B-C fire extinguishers attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'2"X8'8"	105	1
2	10'8"X10'8"	113	1
3	9'6"X11'2"	106	1
4	16'2"X10'8"	172	2
5	11'2"X12'8"	141	1

Total Capacity: 6

The living and dining room areas measure a total of 630 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

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 **six** male and/or female adults aged 18 years and older, who may be diagnosed with a physical handicap, mental illness and/or developmental disability. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

The applicant has simultaneously submitted an application for Special Certification for Mentally Ill and Developmentally Disabled populations.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Eva's AFC Home will provide transportation to residents, the costs for which are included in the resident's per diem rate. Emergency transportation needs will be fulfilled through ambulance services; other transportation may be arranged by family members, or other service providers who offer it to the residents who live there.

C. Applicant and Administrator Qualifications

K'lee Felty is the Licensee/Owner/Operator of Eva's AFC Home. Medical and Record Clearance requests for both of them were completed with no restrictions noted on either. Both of their TB-tine results were negative.

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

Ms. Felty has put in writing that her Responsible Person, who will oversee this home in her absence of up to 72 hours, is Eva DeGlopper.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 6).

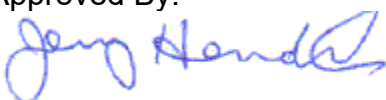


September 27, 2019

Ian Tschirhart
Licensing Consultant

Date

Approved By:



September 27, 2019

Jerry Hendrick
Area Manager

Date