



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 28, 2019

Amber Hernandez-Bunce
Cornerstone AFC, LLC
P.O. Box 277
Bloomington, MI 49026

RE: Application #: AS390400155
Big Rock Home
9702 Big Rock Drive
Kalamazoo, MI 49009

Dear Ms. Hernandez-Bunce:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390400155
Licensee Name:	Cornerstone AFC, LLC
Licensee Address:	P.O. Box 277 Bloomingtondale, MI 49026
Licensee Telephone #:	(269) 628-2011
Administrator	Amber Hernandez-Bunce
Licensee Designee:	Amber Hernandez-Bunce
Name of Facility:	Big Rock Home
Facility Address:	9702 Big Rock Drive Kalamazoo, MI 49009
Facility Telephone #:	(269) 628-2100
Application Date:	06/12/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/12/2019	On-Line Enrollment
06/17/2019	Inspection Report Requested - Health 1029531
07/01/2019	Contact - Document Received AFC 100 for Amber Hernandez-Bunce
07/08/2019	File Transferred To Field Office Lansing
09/12/2019	Application Incomplete Letter Sent
09/20/2019	Documents Received – Organization Chart, Proposed Staffing Pattern, Floor Plan, TB Test, Annual Budget.
10/03/2019	Inspection Completed On-site-Sub-Compliance.
10/04/2019	Confirming Letter Sent.
10/11/2019	Documents Received – Furnace Inspection, Environmental Health Report, Pictures confirming wheelchair accessible entrances.
10/14/2019	Contact-Telephone-Confirmed application details.
10/14/2019	Inspection Completed-BCAL-Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility was previously a duplex, remodeled into a one-story ranch style home in rural Kalamazoo. The home is approximately fifteen minutes from downtown Kalamazoo and less than four miles from shopping centers and restaurants. The west entrance of this facility leads through the living room, dining room, and kitchen. Across from this area is full resident bathroom, adjacent to a main hallway, with access to four of the resident bedrooms. A second full bathroom, two additional bedrooms, an office/medication area, and laundry room are accessible through the main hallway and east entrance.

This home has no basement and is slab built. The main floor entrance and exit to the home are at ground level and do not include steps or risers. The main floor is wheelchair accessible and houses resident bedrooms that are also wheelchair accessible.

The facility utilizes both private water and sewer. Kalamazoo County Health and Human Services Department conducted an inspection of the sewer and well on 08/20/2019 and determined the facility was in substantial compliance with all applicable rules.

The gas furnace and hot water heater are located on the main floor, next to the office area, in a fully enclosure room constructed of material made of material which has a one-hour fire rating and was also equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. Documents that the furnace was in good working order were received on 10/11/2019.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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' X 12'	108 sq. ft.	1
2	10' X 10'	100 sq. ft	1
3	11' X 10'	110 sq. ft	1
4	8' X 11'	88 sq. ft	1
5	8' X 11'	88 sq. ft	1
6	10' X 11'	110 sq. ft	1

The living, dining, and sitting room areas measure a total of 414 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 **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, traumatically brain injured, or mental illness, 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 intends to accept residents from the Department of Health and Human Services, Community Mental Health Agencies or private pay individuals as referral sources.

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. An application has been simultaneously submitted for special certification to provide services to residents with a developmental disability and/or mental illness.

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. Examples of community events, programs, and opportunities to improve social skills include, but are not limited to the following holiday parties, weekly bingo nights, movie nights and crafts, trips to the library, local recreational areas, shopping centers, political events, festivals, and church. Cornerstone also gives individuals a choice when planning activities.

C. Applicant and Administrator Qualifications

The applicant is Cornerstone AFC, LLC., which is a “Domestic Limited Liability Company”, which was established in Michigan, on 06/01/2004. 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 members of Cornerstone AFC, LLC., have submitted documentation appointing Amber Hernandez-Bunce as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined that the licensee is of good moral character and eligible for employment in a licensed adult foster care facility. Ms. Amber Hernandez-Bunce submitted a statement from a physician documenting her good health and current negative TB results.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Hernandez-Bunce has an extensive history with the adult foster care field with over 20 years of experience working as a direct care staff and operating as a licensee designee for other facilities and has multiple years of experience working with residents in those program types.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff to 6 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.

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 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 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 acknowledged 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 designee, 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 acknowledged 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 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 their 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 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 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 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 acknowledged 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 acknowledged their 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

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 six-month temporary license to this adult foster care small group home.



10/15/2019

Eli DeLeon
Licensing Consultant

Date

Approved By:



10/28/2019

Dawn N. Timm
Area Manager

Date