



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 8, 2019

Kwame Dejonge-Moore
9065 Fourth Street
Berrien Springs, MI 49103

RE: Application #: AF110396209
Lin's Retreat
9065 Fourth Street
Berrien Springs, MI 49103

Dear Ms. Dejonge-Moore:

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 4 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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110396209
Licensee Name:	Kwame Dejonge-Moore
Licensee Address:	9065 Fourth Street Berrien Springs, MI 49103
Licensee Telephone #:	(269) 281-4414
Administrator/Licensee Designee:	N/A
Name of Facility:	Lin's Retreat
Facility Address:	9065 Fourth Street Berrien Springs, MI 49103
Facility Telephone #:	(269) 471-7061
Application Date:	09/10/2018
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

09/10/2018	On-Line Enrollment
09/11/2018	Inspection Report Requested - Health Inv. #1028710
09/11/2018	PSOR on Address Completed
09/11/2018	Contact - Document Sent Act & Rule booklets
09/21/2018	Contact - Document Received App; rec cl for Kwame
09/26/2018	Contact - Document Received RI-030 for Kwame
10/04/2018	Contact - Document Received CI's for Terrell, Jamison, Ivan, & Johann
10/05/2018	Contact - Document Received Self-Cert Stmt for Terrell
10/09/2018	Inspection Completed-Env. Health : A
10/24/2018	Application Incomplete Letter Sent
06/05/2019	Contact- Document Sent File Transferred to Cassandra Duursma
06/13/2019	Contact- Document Sent Emails with Ms. Kwame Dejonge-Moore
09/06/2019	Application Incomplete Letter Sent
09/09/2019	Contact- Documentation Received Proof of Ownership Received
09/13/2019	Inspection Completed Onsite
09/16/2019	Contact- Documentation Received Updated medical clearance for licensee
09/18/2019	Application Incomplete Letter Sent Missing TB results and medical clearance for household members

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lin's Retreat is a ranch style home located in a suburban neighborhood of Berrien Springs. The main entrance to the home leads to the living room on the main floor of the home. To the right of the living room is a hallway that houses two semi-private resident bedrooms and a full resident bathroom. To the left of the living room is the dining room, which leads to the kitchen. Through the kitchen is a hallway that has an exit to the front of the home, an exit to the back of the home, and an exit to the side of the home, as well as, a half bathroom for resident use, and a door leading to the basement. The basement will only be utilized by the licensee and her family. The basement houses three non-resident bedrooms, a living room, and a full bathroom. The home is not wheelchair accessible at this time.

The home utilizes public water supply and a private sewage disposal system. On file is proof that the septic system is in substantial compliance with environmental health rules. There is a gas fueled furnace and gas fueled hot water heater that are located in the basement. The door to the basement is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware which creates floor separation.

The facility is equipped with battery-powered, single-station smoke detectors installed near sleeping areas, on each occupied floor of the home, in the basement, and near all flame- or heat-producing equipment.

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' 3" x 13'	173' 4"	2
2	12' 2" x 12' 7"	152' 9"	2

The indoor living and dining areas measure a total of 344' square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 4 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 4 male and/or female residents who are aged and/or developmentally disabled. The program will include social interaction, assistance with personal hygiene, assistance with personal adjustment, maintaining independent living skills, and opportunities for involvement in educational or day programs or employment. Transportation will be

provided as agreed upon in the individual's Resident Care Agreement. The applicant intends to accept residents with private sources for payment at this time.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff 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 Andrews University, the library, shopping centers, and/or churches to access resources that provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

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. The applicant and responsible person 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, as well, as outside employment.

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 4 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 acknowledge(s) 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 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 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 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 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 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.

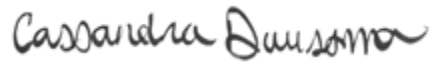
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 4.



10/07/2019

Cassandra Duursma
Licensing Consultant

Date

Approved By:



10/08/2019

Jerry Hendrick
Area Manager

Date