



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

April 28, 2016

Barry Bruns  
HomeLife Inc.  
PMB #360  
5420A Beckley Rd.  
Battle Creek, MI 49015

RE: Application #: AS390380356  
6457 Sprinkle Road AFC  
6457 Sprinkle Road  
Kalamazoo, MI 49004

Dear Mr. Bruns:

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 black ink that reads "Donna Konopka".

Donna Konopka, 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 #:** AS390380356

**Applicant Name:** HomeLife Inc.

**Applicant Address:** 3 Heritage Oak Lane  
Battle Creek, MI 49015

**Applicant Telephone #:** (269) 660-0854

**Administrator/Licensee Designee:** Barry Bruns

**Name of Facility:** 6457 Sprinkle Road AFC

**Facility Address:** 6457 Sprinkle Road AFC  
Kalamazoo, MI 49004

**Facility Telephone #:** (269) 488-8118

**Application Date:** 10/20/2015

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

10/20/2015	Enrollment
11/10/2015	Contact - Document Received 1326 record clearance and 3704 med clearances for Barry Bruns but incomplete and un-signed.
11/10/2015	Contact - Document Sent Rules and act sent
11/10/2015	Application Incomplete Letter Sent Returned incomplete 1326 record clearance and 3704 medical form. for Barry Bruns to be filled in and signed and returned
11/10/2015	Inspection Report Requested - Health invoice #1025024
11/12/2015	Contact - Telephone call received Barry Bruns called and wanted to know status of application.
11/12/2015	Contact - Document Received 1326A licensing record clearance for B Bruns
11/16/2015	File Transferred To Field Office Lansing/Kalamazoo
11/25/2015	Application Incomplete Letter Sent
11/30/2015	Inspection Completed-Env. Health : A
11/30/2015	Inspection Completed On-site Preliminary inspection as HomeLife does not have possession of the property. Target date for opening April-May 2016
04/22/2015	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The house is a wood-framed ranch-style home with a walkout lower level located in a rural area of Kalamazoo Township. The facility has six bedrooms, all of which will be for resident use. Four resident bedrooms are located on the main floor, which also includes the living room, kitchen, dining room and two full bathrooms. One bathroom is located within the master bedroom and will only be used by the resident in that

bedroom; the second bathroom will be used by the occupants of the other three bedrooms on the main floor. The walkout level has two resident bedrooms, a living room, staff office and a storage area. The walkout level has two means of egress at ground level, in addition to the inside stairway leading to the upper level. It is not equipped with wheelchair ramps.

The home has private water and septic systems. The Environmental Health Department gave the home an A rating, which indicates substantial compliance with applicable rules, on 11/18/2015.

The propane furnace and water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The furnace and water heater are contained 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 electric system was inspected by the Richland Township inspector on 04/21/2016 and approved. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Engineered Protection Systems, Inc. conducted an inspection on 02/21/2016 and certified that the fire system is 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 Master	19'7" x 12'1"	252	1
#2	13'3" x 11.83	156	1
#3	11'7" x 10'5"	120	1
#4	11'6" x 10'5"	119	1
#5	13 x 11.42	148	1
#6	11'1" x 13'4"	147	1

The two living rooms and dining area measure a total of 748 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 with a diagnosis of developmentally disabled and/or

mentally impaired in the least restrictive environment possible. The program will include development of social interaction skills, personal hygiene skills, 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 Kalamazoo County CMH 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 as agreed upon in the Resident Care Agreement. 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 HomeLife, Inc., which is a "For Profit Corporation" established in Michigan, on 01/08/1996. 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 HomeLife, Inc. have submitted documentation appointing Barry Bruns as Licensee Designee and Administrator for this facility.

Mr. Bruns has submitted a licensing record clearance and no LEIN convictions were reported. He also submitted a medical clearance request with statements from a physician documenting his good health and current TB negative results.

Mr. Bruns has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Bruns is currently the licensee designee and administrator for other HomeLife, Inc. homes in Kalamazoo MI.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff to six residents per shift on the first and second shifts and one staff to six residents on the midnight 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 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](http://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 resident's 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.

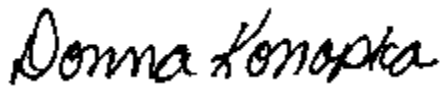
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

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



04/26/2016

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Donna Konopka  
Licensing Consultant

Date

Approved By:



4/28/16

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Betsy Montgomery  
Area Manager

Date