



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 26, 2020

Joseph Sanders and Martila Sanders
33 Latta Street
Battle Creek, MI 49017

RE: Application #: AF130401365
Sanders AFC
33 Latta Street
Battle Creek, MI 49017

Dear Joseph Sanders and Martila Sanders:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF130401365
Applicant Name:	Joseph Sanders and Martila Sanders
Applicant Address:	33 Latta Street Battle Creek, MI 49017
Applicant Telephone #:	(269) 965-1837
Administrator/Licensee Designee:	N/A
Name of Facility:	Sanders AFC
Facility Address:	33 Latta Street Battle Creek, MI 49017
Facility Telephone #:	(269) 579-5711 08/22/2019
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

08/22/2019	Enrollment
08/27/2019	Application Incomplete Letter Sent-1326/Fingerprint/RI 030 for Joseph & Martila Sanders and AFC 100 for Sherri Ashley
08/27/2019	Contact - Document Sent- Rule & ACT Books
09/23/2019	Contact - Document Received- 1326/Fingerprint/RI 030 for Martila & Joseph Sanders and AFC 100 for Sherri Ashley
09/24/2019	PSOR on Address Completed
09/24/2019	Lic. Unit file referred for background check review-AFC 100 for Sherri Ashley
09/24/2019	Application Incomplete Letter Sent- MI ID or Driver's License for Joseph Sanders
10/10/2019	Contact - Document Received- MI Driver's License for Joseph
10/10/2019	File Transferred To Field Office-Lansing
10/24/2019	Application Incomplete Letter Sent
12/19/2019	Inspection Completed On-site
12/19/2019	Inspection Completed-BCAL Sub. Compliance
12/20/2019	Confirming Letter Sent
03/09/2020	Second Confirming Letter Sent
03/11/2020	Contact- Required documentation received- Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sanders AFC is a two-story, eight-bedroom home, located in the city of Battle Creek. On file is documentation verifying Ethel Sanders owns the property. Mrs. Sanders submitted a written statement giving the department permission to inspect the home for licensing purposes.

The home's shared kitchen and small eating area are located on the first floor. Also located on the first floor are two non-resident bedrooms and two non-resident bathrooms. Located on the home's second floor are six resident bedrooms, one resident

full bathroom, a living room and a large game room, equipped with a pool table for residents' use. The home utilizes the public water and sewage system.

Located in the basement is the home's gas-fired furnace and hot water heater. On file is written confirmation from a qualified inspection service verifying the home's furnace and hot water heater were recently inspected and found to be in good working condition. A 1- ¾ inch solid core door, equipped with an automatic self-closing device and positive latching hardware, is located at the entrance leading to the basement. On file is written confirmation the decorative paneling used throughout the home is made of Class C fired-rated material. The facility is equipped with single-station battery powered smoke detectors, which are located between sleeping areas, on each occupied floor, in the basement and in the kitchen. Fire extinguishers are installed on each floor of the home, including the basement.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6" x 8'	92'	1
2	11'6" x 8'	92'	1
3	11'6" x 8'	92'	1
4	11'6" x 8'	92'	1
5	11'6" x 8'	92'	1
6	10'4" x 8'8"	90'	1

The living, dining, and sitting room areas measure a total of 469 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

The applicants intend to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept referrals from Calhoun County-DHHS and local CMH agencies, and/or accept private pay individuals.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Rule/Statutory Violations

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants. The applicants and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledged the understanding of the requirement for an adult foster care family home license is that the licensees must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicants, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicants have indicated that for the original license of this six (6) bed family home, there is adequate supervision with one (1) responsible person on-site for six (6) residents. The applicant acknowledged that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicants acknowledged an understanding of the qualification and suitability requirements for responsible persons or volunteers providing care to residents in the home.

The applicants 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 applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants have 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 applicants acknowledged their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicants acknowledged that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicants acknowledged their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensees, responsible person(s) and volunteer(s).

The applicants 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 applicants acknowledged 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 applicants 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 required to be maintained within each resident's file.

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

The applicants 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicants 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 applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicants have indicated their

intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of six residents.

Michele Streeter

03/18/2020

Michele Streeter
Licensing Consultant

Date

Approved By:

Dawn Timm

03/26/2020

Dawn N. Timm
Area Manager

Date