

S T A T E O F M I C H I G A N

JOHN ENGLER, GOVERNOR

D E P A R T M E N T o f C O N S U M E R a n d I N D U S T R Y S E R V I C E S

P.O. Box 30650, Lansing, MI 48909-8150

Kathleen M. Wilbur, Director

11/05/97

HOME LIFE INC
5420A BECKLEY RD 234
BATTLE CREEK MI, 49015

Re: 10713 SOUTH 12TH ST AFC
10713SOUTH 12TH ST
PORTAGE, MI 49087
#AS390078924

Dear HOME LIFE INC,

Attached is the Original Licensing Study for 10713 SOUTH 12TH ST AFC. Based upon compliance with the Adult Foster Care Facilities Licensing Act (Act 218, P.A. of 1979, as amended) and the Administrative Rules for Adult Foster Care Small Group Homes, a temporary license is being issued.

The effective dates of the license are 11/06/1997 through 05/05/1998. with a maximum capacity of 006 residents.

Please review all of the documents carefully.

Please feel free to contact me if you have any questions.

Sincerely,



KATHY MAZZOLA
Licensing Consultant
Division of AFC Licensing
965 W. Milham
Portage MI, 49024
(616) 324-6413

cc: Central Records
Case File

ADULT FOSTER CARE FACILITY COMPLIANCE
DETERMINATION REPORT
Michigan Dept of Consumer & Industry Services

Lic Number : AS390078924
Original Appl Date: 10/22/1997
Lic Effective Date: 11/06/1997
Reason for Determination
2 ORIGINAL

I. Facility Name and Address 10713 SOUTH 12TH ST AFC 10713SOUTH 12TH ST PORTAGE MI 49087	Licensee Name(s) and Address HOME LIFE INC 5420A BECKLEY RD 234 BATTLE CREEK MI 49015
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II. METHOD OF INVESTIGATION AND FINDINGS:

Original License

Date of Latest Onsite Investigation: 10/22/1997

Number of Current Residents [0] Number of Current Employees [/]
of Active Resident Records Rev [0] # of Current Employee Records Reviewed [/]
of Closed Resident Records Rev [0] # of Past Employees Records Reviewed [0]

Who was Interviewed? [] LICENSEE [] ADMINISTRATOR [] DIRECT CARE STAFF

Number of Staff Interviewed [/] Number of Residents Interviewed/Observed [0]
of Placing Agency Personnel Contacted [0] # of Designated Reps/Relatives Contacted [0]

Compliance has been met with the following:

Act 218, P.A. 1979 as amended [] Physical Plant Rules []
Quality of Care Rules [] Fire Safety Rules []

VARIANCES GRANTED - []

Rule(s) Issued Expires Special conditions

SUBSTITUTE FORMS APPROVED: (Please attach additional pages if necessary)

Dept Form No. Being Substituted	Form Title	Date Approved
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III. LICENSING RECOMMENDATION: [1] - TEMPORARY

IV. ATTACHMENTS:

- | | |
|--|---|
| <input checked="" type="checkbox"/> AFC Compliance Record | <input checked="" type="checkbox"/> Environmental Report |
| <input checked="" type="checkbox"/> Addendum to Compliance Record (BRS-1893) | <input type="checkbox"/> Fire Safety Inspection Report |
| <input checked="" type="checkbox"/> Narrative Licensing Study Report (LSR) | <input type="checkbox"/> Zoning Documents (Original Issuance 7+ Only) |
| <input type="checkbox"/> Certification DCH (AIS/MR) | <input type="checkbox"/> Corrective Action Plan |

Kathy Thysala
Licensing Consultant Signature

11/6/97
Date

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs.

BRS-354 (08-97)

ADULT FOSTER CARE GROUP HOME COMPLIANCE RECORD
Michigan Department of Consumer and Industry Services

License Number:
AS390078924

Facility Name: 10713 SOUTH 12TH ST AFC

Date of Onsite Visit
10/22/1997

Licensee Name: HOME LIFE INC

| IN | SEE

L I C E N S I N G T R A N S A C T I O N R E C O R D
A F C T R A N S A C T I O N
O R I G I N A L S U C C E S S F U L

LICENSE NUMBER: *AS390078924*

TRANSACTION NUMBER: *ABL09 R33523*

FACILITY NAME: 10713 SOUTH 12TH ST AFC

ACTION CODE: 2 ORIGINAL LIC TYPE: Temporary

CONSULTANT: 010454 KATHY MAZZOLA

10:41am Nov 5, 1997

L I C E N S I N G T R A N S A C T I O N R E C O R D
A F C T R A N S A C T I O N
E N R O L L M E N T S U C C E S S F U L

LICENSE NUMBER: *AS390078924*

LSS Temporary Number: 3085

TRANSACTION NUMBER: *ABL09 K36494*

FACILITY NAME: 10713 SOUTH 12TH ST AFC

ACTION CODE: 1 ENROLLMENT

ORIGINAL LICENSING STUDY REPORT

I. LICENSING DATA

Facility Name: 10713 South 12th Street AFC
Facility Address: 10713 South 12th Street
Portage, MI 49087
Facility Telephone: (616) 372-4820
Facility License Number: AS390078924
Licensee Name: Home Life, Inc.
Licensee Address: 5420 A Beckley Road, Suite 234
Battle Creek, MI 49015
Licensee Telephone: (616) 660-0854
Licensee Designee: Barry Bruns
Administrator: Cathy Fields
Program: Brain Injured and Mentally Ill
Approved Capacity: 06
Responsible Agencies: Kalamazoo County F.I.A.
Kalamazoo County C.M.H.
License Type: Temporary
License Effective Date: 11/06/97
License Expiration Date: 05/05/98
Original License Date: 11/07/97
Purpose of Investigation: Original License Evaluation
Directions to Facility: South of Centre Street

II. METHODS

The Physical Plant was inspected on 09/14/97 and 10/17/97, the Fire Safety and Health Department Reports referenced below were also evaluated.

The Quality of Care issues were addressed by review of the application materials and interviews with, and orientation of, the licensee regarding Resident Care Records, Employee Training and Records, and specialized resident needs. Quality of Care will be further evaluated at the time of license renewal when residents are in care.

III. SUMMARY OF FINDINGS

A. QUALITY OF CARE

1. Administrative Structure and Capability

- a. Description of Organizational Structure - Home Life, Inc. is the Licensee. The primary caregiver is Barry Bruns. Barry Bruns is licensee designee while Cathy Fields is the facility's administrator.
- b. Good Moral Character - The DSS-1326 indicate Barry Bruns has never been convicted of a felony. Other documentation includes I reviewed Cathy Fields employment file which includes a 1326 and references and everything was in order. Also Barry Bruns has been operating another foster care facility in Kalamazoo County for several years with no problems.
- c. Financial Stability and Capability - A review of the application and support documents such as the Financial Statement indicate substantial compliance with the applicable Rules regarding financial capability of the Licensee.

2. Qualifications and Competencies:

- a. Training - An Applicant/Administrator Competency Worksheet has been completed and is on file in the record.
- b. Health - A review of the application and support documents, such as the Medical Information Forms, indicate substantial compliance with the applicable Rules regarding medical capability of the Licensee.

3. Program Information:

- a. Admission/Discharge - Home Life, Inc. has filed an Admission Policy with the Department. The provider prefers to care for both men and women who are brain injured. Residents must be ambulatory and between the ages of 18 years and above. Smokers are accepted. Residents using wheelchairs can be accommodated. Private Pay persons and SSI recipients are accepted. Short-term care is available. Discharge criteria are a 30-day discharge (written) notice is required.
- b. Transportation - The following arrangements have been made to assure the availability of transportation services, a private car will be used to transport residents.

- d. Recreation - Resident social/recreational activities include: t.v.; indoor games; outings.

4. Facility and Employee Records:

- a. Facility Records - A review of the application and support documents, such as the Admission/Discharge Policy, Refund Policy, Program Statement, Standard and Routine Procedures, Emergency Preparedness Plans, etc., indicates substantial compliance with the applicable Rules.
- b. Staff Policy, Training, and Records - A review of the Personnel Policy, Job Descriptions, Training Plan, and Employee Records Worksheet indicates substantial compliance with the applicable Rules.

5. Resident Care, Services and Records:

- a. Resident Rights - Resident Rights Pamphlets have been provided to Barry Bruns will be issuing and reviewing them with each admission.
- b. The licensee has been provided all necessary Resident Record forms to permit compliance.
- c. Additional Rule-Related Issues (R303-319) -

B. PHYSICAL PLANT

1. Environmental:

This facility uses a private well and sewage system. An attached Environmental Report indicates full approval of the systems. Also, this facility (upon inspection by the Consultant) was observed to be clean and well maintained. There are two ramps available for wheelchair residents.

- a. Property Ownership - The facility file contains a copy of the proof of ownership. Verification of the right to occupy is on file.
- b. Description of Structure - This is a one story home containing four resident bedrooms and two resident bathrooms. There also exists a living room and dining room. A large fenced in yard is available for resident use also.
- c. Square Footage of Bedrooms and Living Space - Documentation on file verifies compliance with space requirements.

2. Sanitation:

On 09/10/97, an Environmental Report/Inspection was completed. The Report/Inspection indicated this facility is in substantial compliance with Rules pertaining to Environmental Safety.

3. Fire Safety

On 10/17/97, a Fire Safety Inspection was completed. The Inspection indicated this Facility is in substantial compliance with Rules pertaining to Fire Safety. Please see attached electrical inspection report dated 10/17/97.

C. ZONING AND EXCESSIVE CONCENTRATION

1. Summary:

Zoning is automatically approved because this facility houses six residents in a residential area.

2. Certification: (Attach to Summary, as applicable)

IV. CONCLUSIONS

The study is based upon Act No. 218 of the Public Acts of 1979, as amended, and the Administrative Rules governing operation of Adult Foster Care Family/Small Group/Large Facilities. Included in the inspection was a review of policies and practices regarding resident care, resident programming, and administrative management as well as Fire and Environmental Safety. The findings of the on-site inspection(s) indicate the Facility is in substantial compliance with Act 218 and the Administrative Rules.

V. RECOMMENDATION(S)A. TYPE OF LICENSING:

Based upon the Licensing Evaluation, it is recommended that a Temporary License be issued for six (6) months.

B. TERMS OF LICENSE:

The terms of the License will permit the Licensee to provide a Program which includes basic self-care, habilitation training, supervision, protection, and the availability of transportation services for six (6) residents.

11/6/97
Date

Kathy Mazzola
Kathy Mazzola, AFC Licensing Consultant
Adult Foster Care Licensing Division

11/6/97
Date

Paul Cartwright (KM)
Paul Cartwright, Area Manager
Adult Foster Care Licensing Division