



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 23, 2020

Deborah Williams
Farleigh's Senior Care Home Inc
P.O. Box 34
Climax, MI 49034

RE: Application #: AS130404321
Michigan House
1275 E. Michigan Ave.
Battle Creek, MI 49014

Dear Mrs. Williams:

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
427 East Alcott
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 #:	AS130404321
Applicant Name:	Farleigh's Senior Care Home Inc
Applicant Address:	335-359 Morgan Road Battle Creek, MI 49037
Applicant Telephone #:	(269) 969-9530
Licensee Designee:	Deborah Williams
Administrator:	Deborah Williams
Name of Facility:	Michigan House
Facility Address:	1275 E. Michigan Ave. Battle Creek, MI 49014
Facility Telephone #:	(269) 420-3913 04/01/2020
Application Date:	
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

04/01/2020	Enrollment
04/16/2020	Inspection Report Requested – Health 1030483
04/16/2020	Application Incomplete Letter Sent. Add'l Fee & 1326/AFC 100 for Deborah Williams
06/15/2020	Inspection Completed-Env. Health: A
06/17/2020	Contact - Document Received. 1326/RI 030/Fingerprint for Deborah Williams
08/07/2020	Contact - Document Received. \$25 ck# 5625 and app w/updated facility name
08/25/2020	File Transferred To Field Office- Lansing
09/03/2020	Application Incomplete Letter Sent
10/07/2020	Application Complete/On-site Needed
10/07/2020	Inspection Completed On-site
10/07/2020	Inspection Completed-BCAL Sub. Compliance
10/16/2020	Documents received. Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Michigan House is a four-bedroom, one-bathroom, commercial style home located in Battle Creek. The applicant's proof of property ownership is on file. The facility has some limited landscaping with mostly a parking area in the front and a grassy lot in the back. The facility's main entrance leads into a spacious living room. The interior is updated, comfortable, and tastefully decorated. There is large picture window overlooking the front of the property. To the left of the living room is a large dining area which leads to the kitchen and a rear egress. To the right of the living room is the facility's office and a hallway that leads to the one resident bathroom and four resident bedrooms. The facility's washer and dryer are located in the resident bathroom. While the facility is equipped with a wheelchair ramp located at the facility's main entrance, the facility is not wheelchair accessible. The applicant does not plan to admit individuals who regularly use a wheelchair to ambulate.

The facility utilizes a private water and sewer system. On file is a recent Environmental Health Report from the Calhoun County Environmental Health Department, confirming the facility is in substantial compliance with all applicable environmental health rules.

An on-site inspection verified the facility is in substantial compliance with rules pertaining to fire safety. The facility is equipped with an interconnected multi-station smoke detection system with battery backup, installed in all required areas. A fire extinguisher is located on the main floor and in the basement. The facility's gas-fired hot water heater, and gas-fired furnace are located in the basement. A 1 ¾-inch solid core door, equipped with an automatic self-closing device and positive latching hardware, was installed at the top of the stairs leading to the facility's basement, creating floor separation. On file is written verification from a qualified inspection service verifying the facility's hot water heater and furnace are in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'6" X 9'8"	103	1
2	10'8" X 9'8"	105	1
3	10' X 13'5"	135	2
4	13'2" X 9'6"	126	2*

*On 10/23/2020 a variance for rule R400.14409 (3) was granted for Bedroom #4, allowing double occupancy for the bedroom, that measures four square feet less than required.

The living, dining, and sitting room areas measure a total of 362 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 who are aged, 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 those individuals who pay privately.

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.

Emergency transportation is available by dialing 911. Other transportation services will be specified in individual resident care agreements. 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 Farleigh's Senior Care Home, Inc. which is a Domestic For Profit Corporation, established in Michigan on 11/14/2011. 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.

Mrs. Deborah Williams is the resident agent and president of Farleigh's Senior Care Home, Inc. and has appointed herself both licensee designee and administrator for the facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Williams. Mrs. Williams submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Mrs. Farleigh has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Williams is currently the owner and operator of another licensed adult foster care facility, which was established in 2012. While Mrs. Williams acts in the capacity of licensee designee and administrator, she also has several years of experience providing direct care to the aged population at this facility.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one (1) staff -to- six (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 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 acknowledges 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 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 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 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 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 residents' 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 regarding physical plant at the time of licensure.

III. RECOMMENDATION

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



10/16/2020

Michele Streeter
Licensing Consultant

Date

Approved By:



10/23/2020

Dawn N. Timm
Area Manager

Date