



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 17, 2020

Rebekah Marcellus and Neil Marcellus
150 Keystone Dr.
Battle Creek, MI 49015

RE: Application #: AF130399746
Marcellus Elder Home
150 Keystone Dr.
Battle Creek, MI 49015

Dear Rebekah Marcellus and Neil Marcellus:

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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF130399746
Licensee Name:	Rebekah Marcellus and Neil Marcellus
Licensee Address:	150 Keystone Dr. Battle Creek, MI 49015
Licensee Telephone #:	(928) 785-7098
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Marcellus Elder Home
Facility Address:	150 Keystone Dr. Battle Creek, MI 49015
Facility Telephone #:	(928) 785-7098 05/15/2019
Application Date:	
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

05/15/2019	On-Line Enrollment
05/21/2019	Inspection Report Requested - Health 1029423
05/21/2019	Contact - Document Sent Rule Book
06/19/2019	Inspection Completed-Env. Health: A
07/05/2019	Contact - Document Received 1326/RI 030/Fingerprints for Rebekah & Neil Marcellus and AFC 100 for Kristy Sunderman
07/08/2019	Application Incomplete Letter Sent SOS address discrepancy for Rebekah & Neil
09/26/2019	Application Incomplete Letter Sent
9/16/2020	Inspection Completed On-site
9/18/2020	Confirming Letter Sent
9/21/2020	Contact- Document Received Pictures of Furnace Room, Emergency Evacuation Procedures
10/14/2020	Confirming Letter Sent
10/25/2020	Contact-Document Received Furnace Inspection Report
10/27/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This AFC family home is a ranch style brick home overlooking the Riverside golf course, located in the heart of Battle Creek just minutes to shopping and I-94 highway. Residents will occupy the main level of the home while the walk-out finished basement will be occupied by the licensees and their minor children. The main level has three resident bedrooms, two full bathrooms, kitchen, office, dining room, living room, family room and a three seasons room. The walkout basement includes two bedrooms, kitchen, dining room, living room and a full bathroom.

The basement has an electric water heater and a gas fired furnace approved by a licensed heating contractor. The home is equipped with a 1 ¾ inch solid core door with an automatic self-closing device and positive latching hardware located at the top of the stairs leading to the basement.

This home is equipped with battery powered, single station smoke detectors that have been installed near sleeping areas on each occupied floor of the home and near all flame-or heat producing equipment. The home utilizes a public water supply and a private sewage disposal system. The home is in substantial compliance with rules pertaining to Environmental Health and Fire Safety.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' X 10'	140 sq. ft.	2
2	13' X 13'	169 sq. ft.	2
3	14' X 12'	168 sq. ft.	2

The indoor living and dining areas measure a total of _790_ 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 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 male or female residents who are aged. The program will include social interaction, training to develop personal adjustment and independent living skills, opportunity for involvement in day programs and transportation. The applicants intend to accept residents with private sources of payment.

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 applicants to utilize local community resources for recreational activities including the library, local museums, shopping centers and churches. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicants and responsible persons were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicants and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test 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 requirement that the licensees 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 six residents will be the responsibility of the family home applicants, 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 applicants 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 applicants acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledge 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 applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants indicate 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 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 the 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 applicants acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain 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 resident's personal money transactions that have been agreed to be managed by the applicants.

The applicants acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicants indicated intent to respect and safeguard these resident rights.

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 issuing a discharge before a 30-day written discharge notice.

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

D. Rule/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 6 residents.



Ondrea Johnson
Licensing Consultant

10/27/2020
Date

Approved By:



11/17/2020

Dawn N. Timm
Area Manager

Date