



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 18, 2020

Sheetal Chakkal
5785 Springridge Street
Portage, MI 49024

RE: Application #: AF390403320
Sweet Home Foster Care
5785 Springridge Street
Portage, MI 49024

Dear Ms. Chakkal:

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 4 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 #: | AF390403320 |
| Licensee Name: | Sheetal Chakkal |
| Licensee Address: | 5785 Springridge Street Portage, MI 49024 |
| Licensee Telephone #: | (269) 365-6128 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Sweet Home Foster Care |
| Facility Address: | 5785 Springridge Street Portage, MI 49024 |
| Facility Telephone #: | (269) 365-6128 |
| Application Date: | 02/02/2020 |
| Capacity: | 4 |
| Program Type: | AGED |

II. METHODOLOGY

| | |
|------------|---|
| 02/02/2020 | On-Line Enrollment |
| 02/04/2020 | Contact - Document Sent-Rule/ACT Books |
| 02/18/2020 | Comment- Unaffiliated minor household members |
| 02/18/2020 | Contact - Document Received-1326/Fingerprint/RI 030 for Sheetal Chakkal & 1326 for Swarn Chakkal |
| 02/18/2020 | PSOR on Address Completed |
| 02/18/2020 | Lic. Unit file referred for background check review |
| 02/19/2020 | File Transferred To Field Office-Lansing |

| | |
|------------|--|
| 02/27/2020 | Application Incomplete Letter Sent |
| 09/30/2020 | Application Complete/On-site Needed |
| 09/30/2020 | Inspection Completed On-site |
| 09/30/2020 | Inspection Completed-BCAL Sub. Compliance |
| 09/30/2020 | Confirming Letter Sent |
| 10/02/2020 | Received documentation from applicant via email |
| 10/20/2020 | Received documentation from applicant via email |
| 10/21/2020 | Information from applicant received |
| 11/12/2020 | Information from applicant received. Full compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Located in a suburban neighborhood in Portage, Michigan, Sweet Home Foster Care is a two story, four-bedroom, four-bathroom home, with an attached two-car garage. The applicant's husband Swarn Chakkal, who is also the appointed responsible person, is the property owner. Verification of property ownership is on file. The home's main entrance leads into a small hallway. To the right of the home is an office, a half bathroom, the entrance into the garage, and a family room. Off the family room is a third egress, which leads to a back porch and the home's back yard. Located in the center of the home, are the stairs leading to the second floor, the entrance to the basement, a laundry room, a small closet, and the home's kitchen. To the left of the home and off of the home's kitchen, is a shared dining/living room area.

The applicant, her husband, and their two minor children reside in the master bedroom located on the home's second floor. The master bedroom is equipped with a nonresident, full bathroom. Three resident bedrooms and one full resident bathroom are also located on the second floor. A fourth full bathroom is located in the home's finished basement. This bathroom is for non-resident use. The applicant indicated the basement would not regularly be used for resident activities. The interior of the entire home is updated, comfortable, and tastefully decorated. The home is not wheelchair accessible and the applicant does not plan to admit individuals who regularly use a wheelchair to ambulate.

An on-site inspection verified the home was in compliance with all applicable environmental health administrative licensing rules. The home utilizes the public water and sewer system.

An on-site inspection verified the home was in substantial compliance with rules pertaining to fire safety. The home is equipped with an interconnected, multi-station smoke detection system with battery backup, which includes smoke detectors that are installed near sleeping areas, on each floor of the home, and in the basement near heat producing equipment. Fire extinguishers were located on each floor of the home.

The home's gas-fired furnace and hot water heater are located in the basement. A 1 3/4-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 home's basement, creating floor separation. On file is written verification from a qualified inspection service verifying the home's furnace and hot water heater were properly installed and in good working condition. On file is documentation verifying the ceiling tiles located in the home's finished basement are fire rated Class A.

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' x 13'7" | 149 | 2 |
| 2 | 10'3" x 10' | 103 | 1 |
| 3 | 11'1" x 10' and 2'5" x 3'4" | 119 | 1 |

The family, dining, and living room areas measure a total of 540 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 **four (4) residents**. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to four (4) ambulatory residents, who are aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept private-pay individuals, as well as individuals who are referred by Kalamazoo County DHHS, and local agencies such as Senior Services of Kalamazoo.

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. The applicant intends to assure emergency transportation through the use of an ambulance service, or a vehicle owned or in the possession of the applicant and/or their responsible persons.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed for applicant Sheetal Chakkal and responsible person Swarn Chakkal. Mrs. and Mr. Chakkal submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has 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 applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee 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 four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this four (4) bed family home, there is adequate supervision with one (1) responsible person on-site per four (4) residents. The applicant acknowledges that the number of responsible persons on-site per the resident ratio could change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 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 applicant acknowledges 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 applicant acknowledges 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 persons, and volunteers.

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 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 accidents and incidents and the responsibility to conduct

an immediate investigation of the cause. The applicant has 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 applicant acknowledges 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.

D. Rules or Statutory Violations

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

III. RECOMMENDATION

I recommend issuance of a six-month temporary AFC family home license with the capacity of four (4).

Michele Streeter

11/12/2020

Michele Streeter
Licensing Consultant

Date

Approved By:

Dawn Timm

11/17/2020

Dawn N. Timm
Area Manager

Date