



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 23, 2021

James Saintz  
Agnus Dei AFC Home Inc.  
1307 42nd St.  
Allegan, MI 49010

RE: Application #: AS120407514  
Agnus Dei AFC Home #4  
738 East Grant Street  
Bronson, MI 49028

Dear Mr. Saintz:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. #9-100  
Detroit, MI 48202  
(517) 262-8604

Enclosures

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS120407514
<b>Applicant Name:</b>	Agnus Dei AFC Home Inc.
<b>Applicant Address:</b>	1307 42nd St. Allegan, MI 49010
<b>Applicant Telephone #:</b>	(269) 686-8212
<b>Administrator/Licensee Designee:</b>	James Saintz
<b>Name of Facility:</b>	Agnus Dei AFC Home #4
<b>Facility Address:</b>	738 East Grant Street Bronson, MI 49028
<b>Facility Telephone #:</b>	(517) 858-1010
<b>Application Date:</b>	03/02/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/02/2021	Enrollment - Online enrollment
03/03/2021	Application Incomplete Letter Sent App - Box 16; IRS letter; 1326, RI-030, FPs & AFC100 for James (LD & Admin)
03/10/2021	Contact - Document Received -App - Box 16; IRS info; 1326, RI-030 & AFC100 for James (LD & Admin)
03/10/2021	Licensing Unit file referred for background check review James S (LD & Admin)
04/21/2021	Application Incomplete Letter Sent
06/22/2021	Application Complete/On-site Needed
06/22/2021	Inspection Completed-BCAL Sub. Compliance
07/22/2021	Inspection Completed On-site
07/22/2021	Inspection Completed-BCAL Full Compliance
07/22/2021	Special Certification Application Received – Original
07/23/2021	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is located in a residential neighborhood, in the city of Bronson. This single-story ranch style home has an attached garage. The home has a pathed driveway. This home is wheelchair accessible. The front door will be the primary entrance for the residents. This entrance is equipped with a walkway to the front door. The second identified exit and means of egress is accessed through a door located at the end of the hallway. This exit is equipped with a cement ramp/walkway.

This facility contains a kitchen and dining area, a living room, a recreation room, an office area/medication room, laundry room, four resident bedrooms, and two full bathrooms. A screened porch overlooks the back yard.

The facility utilizes public water supply and sewage disposal systems.

The forced air gas furnace and water heater are located in the garage, in an enclosed room. On April 20, 2021, the furnace and water heater were inspected and approved by a licensed contractor. The 1 ¾ inch solid core door and frame leading to the mechanical room is fire-rated; it is equipped with an automatic self-closing device and positive latching hardware. The room is constructed of materials that provide a 1-hour-fire-resistance rating.

This property is owned by East Wind Property Management, LLC and there is a lease agreement between East Wind Property Management, LLC and the applicant.

The facility is equipped with an interconnected, hardwired smoke detection system, it was inspected, and it is in good operating condition. The home is also equipped with battery back-up smoke detectors. Due to the facility's former AIS/MR status, it is also equipped with an interior fire suppression system (sprinkler system). The inspection was completed on March 24, 2021, and a copy of the approved inspection report is contained within the licensing file.

The facility is equipped with central air conditioning. The heating and cooling systems have been inspected by a contractor, and the approved inspection report is contained within the file.

The facility is equipped with a washer and an electric dryer. The dryer is equipped with a flexible metal duct.

The trash will be removed from the premises on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	10' x 16'	160	1
2	10'11" x 14'7" + 1'6" x 4'11"	165	2
3	10' x 16'	160	1
4	10'11" x 14'7" + 1'6" x 4'11"	165	2

The indoor living and living areas measure a total of 884 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 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 6 male or female residents who are 18 to 99 years of age, and whose diagnosis is Mental Illness and/or Developmentally Disabled, Traumatic Brain Injured or Physically Handicapped.

According to the Program Statement, Agnus Dei AFC Homes, Inc. has designed homes with a barrier free environment, in a country setting, with spacious living and dining space. They are committed to "hiring competent staff dedicated to the care of specialized residents." The Agnus Dei AFC Homes, Inc. program is dedicated to help all individuals to live out their goals to the fullest. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Agnus Dei AFC Homes Inc. intends to provide the least restrictive environment possible for the residents.

The applicant has applied for specialized program certification and intends to accept residents under contract from Pines Behavioral Health, Allegan County CMH Services, Van Buren CMH Authority, and CMH Services of St. Joseph. The applicant intends to accept individuals with private sources of payment, Social Security, Supplemental Security Income, CMH Specialized Residential funding and Medicaid Personal Care funding.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

The licensee will provide all transportation for program and medical needs and has a handicapped accessible van available on-site. The facility will make provisions for a variety of leisure and recreational equipment. The facility intends to utilize local community resources including shopping, libraries, movie theaters, planned barbeques, parties and other social events in the community.

### **C. Applicant and Administrator Qualifications**

The applicant is Agnus Dei AFC Home, Inc., and it is a "Domestic Profit Corporation" which was incorporated on September 22, 2006. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that James Saintz is the Resident Agent. 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. Mr. James Saintz is the sole board member of Agnus Dei AFC Home, Inc., and he has stated in writing, the appointment of himself, as the Licensee Designee and the Administrator, for the facility.

A criminal background check of James Saintz was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Saintz has submitted a statement from his physician documenting his good health and current negative tuberculosis test results.

Mr. Saintz has experience working with the populations that will be served in this home. Mr. Saintz has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Saintz has provided copies of the successful completion of his education and trainings. He has also been trained in First Aid and Cardiopulmonary Resuscitation and provided a certification of completion.

The staffing pattern for the original license of the 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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 acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing, "direct access" to residents or resident information or both. The applicant was provided with information regarding the process of obtaining criminal history record

clearances utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant 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 applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the

requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**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 temporary license to this AFC adult small group home (capacity 1-6).

*Mahtina Rubritius*

07/23/2021

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*Mary Holtz*

07/23/2021

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Ardra Hunter  
Area Manager

Date