



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2021

Felicia Lucas and James Lucas
13049 9 Mile Rd
Battle Creek, MI 49014

RE: Application #: AF130403617
Lucas Residence
13049 9 Mile Rd
Battle Creek, MI 49014

Dear Felicia Lucas and James Lucas:

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 black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF130403617
Licensee Name:	Felicia Lucas and James Lucas
Licensee Address:	13049 9 Mile Rd Battle Creek, MI 49014
Licensee Telephone #:	(269) 274-6927
Licensee:	Felicia Lucas and James Lucas
Administrator:	N/A
Name of Facility:	Lucas Residence
Facility Address:	13049 9 Mile Rd Battle Creek, MI 49014
Facility Telephone #:	(269) 274-6927 02/24/2020
Application Date:	
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

02/24/2020	On-Line Enrollment
02/26/2020	Inspection Report Requested - Health 1030312
02/26/2020	Contact - Document Sent Rule & ACT Books
03/06/2020	Inspection Completed-Env. Health : A
04/06/2020	Contact - Document Received 1326/RI 030 for Felicia & James Lucas and AFC 100 for Brittany Robinson and Joanne Lucas
04/20/2020	PSOR on Address Completed
04/20/2020	File Transferred To Field Office Lansing
05/26/2020	Application Incomplete Letter Sent
06/11/2021	Contact- Documents Received
07/09/2021	On-Site Inspection Completed
07/09/2021	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lucas Residence is a ranch style home located in the city of Battle Creek. The property is owned by the applicants and occupants of the home, Ms. Felicia Lucas and Mr. James Lucas. On file is proof of property ownership. There are numerous restaurants located within 3 miles of the home and one church located 3.5 miles from the home. The local zoo is located 10 miles from the home. Bronson Battle Creek Hospital is approximately 7 miles from the home.

The main entrance of the home opens to an entry hallway. To the left of the entry hallway is a large resident bedroom big enough for two residents. Through the entry hallway and to the right is a hallway that leads to a full resident bathroom, a private resident bedroom, a semi-private resident bedroom, and Ms. and Mr. Lucas' private bedroom and bathroom. Through the entry hallway and to the left is a second resident living area and the dining area. Through the living area and dining area is the kitchen. Through the kitchen is a small hallway that leads to a half bathroom for residents, the laundry area, the medication area, an exit with a ramp that terminates through the

garage of the home, and an exit that leads to the backyard of the home. There are sliding glass doors located in the dining room of the home. Also, in the dining room is a door leading to the stairs to the basement in the dining room. The basement will not be utilized by residents. The home is wheelchair accessible with an appropriate ramp leading through the garage door entrance/exit of the home and meeting door width requirements to provide adequate egress for residents utilizing wheelchairs.

An on-site inspection verified the home is in compliance with all applicable environmental health administrative rules. The home utilizes a private well and private septic system. On file is verification of an Environmental Health Inspection report dated 03/06/2020 documenting substantial compliance for the facility water and septic systems.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home is equipped interconnected, hard-wired smoke detectors with battery back-up which are located on each occupied floor, as well as, in the basement near the home's gas furnace and gas hot water heater. A 20-minute metal fire rated door, which is equivalent to a 1 ¾ solid wood door, is located at the entrance of the heat plant which houses the gas furnace and hot water heater in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'x 6" 15'x 9"	244'	2
2	9'x 5" 13'x 9"	128'	1
3	10'x 11" 15'x 7"	170'	1
Living/Dining Room	21'10"x 13'	283'10"	

The indoor living and dining areas measure a total of 283'10" 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 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 male and/or female residents who are aged and/or have a diagnosis of Alzheimer's disease. Ms. Lucas began her career as a Certified Nursing Assistant (CNA) in 2000 and held various CNA positions including as a Behavioral Health worker on the geriatric

floor at Fieldstone Center. Most recently, Ms. Lucas worked as a private caregiver for two individuals diagnosed with dementia. For the last ten years, Ms. Lucas has provided in-home care for a relative diagnosed with dementia.

The program at Lucas Residence will include social interaction; personal hygiene, personal adjustment; opportunity for involvement in educational, day programs, and/or employment. The applicant intends to accept residents with private sources for payment at this time.

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 in home activities, as well as local community resources for recreational activities including local churches, grocery stores, restaurants, and community partners who do home visits. These resources provide an environment to enhance the quality of life of residents and increase their independence.

C. Applicant and Responsible Person Qualifications

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

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 utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant 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 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 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 retain all of the documents 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 valuables 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 regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

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

C. Rules or 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.

VI. RECOMMENDATION

I recommend the issuance of a six-month temporary license to this adult foster care family home with the capacity of four residents.

Nile Khabeiry, LMSW

7/10/2021

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Dawn Timm

08/10/2021

Dawn N. Timm
Area Manager

Date