



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 13, 2021

Yogarajah Saverus
Long Acres Adult Foster Care, LLC
3955 Rose Drive
Berrien Springs, MI 49103

RE: Application #: AM110400478
Long Acres Adult Foster Care, LLC
11793 N. Redbud Trail
Buchanan, MI 49107

Dear Mr. Saverus:

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 12 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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM110400478
Applicant Name:	Long Acres Adult Foster Care, LLC
Applicant Address:	3955 Rose Drive Berrien Springs, MI 49103
Applicant Telephone #:	(269) 277-0970
Licensee Designee:	Yogarajah Saverus
Administrator:	Yogarajah Saverus
Name of Facility:	Long Acres Adult Foster Care
Facility Address:	11793 N. Redbud Trail Buchanan, MI 49107
Facility Telephone #:	(269) 473-2156 07/01/2019
Application Date:	
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/21/2018	Inspection Completed-Fire Safety : A See AM110083631
04/19/2019	Inspection Completed-Env. Health : A See AM110083631
07/01/2019	Enrollment Online enrollment
07/03/2019	Application Incomplete Letter Sent App; IRS ltr; 1326, FPs, RI-030 for Yogarajah
07/09/2019	Contact - Document Received App; IRS ltr; cl's for Yogarajah (LD & Admin)
07/11/2019	Contact - Document Received App - corrected & IRS ltr for correct corp
07/15/2019	Contact - Document Received RI-030 for Yogarjah
03/15/2021	Inspection Completed- Fire Safety: A See AM110083631
04/21/2021	Application Incomplete Letter Sent
06/03/2021	Contact – Document Received TB Results, Admissions Policy, Floor Plan, Program Statement, Discharge Policy, Application, Credit Report.
06/07/2021	Inspection Completed- Env. Health: A See AM110083631
06/21/2021	Contact – Document Received Budget Report.
06/28/2021	Inspection Completed On-site.
06/28/2021	Contact – Document Received. Furnace Inspection Completed 09/01/2021.
06/29/2021	Contact – Document Received BFS Inspection Report Approved.
06/29/2021	Inspection Completed - Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two-story, seven-bedroom, brick and vinyl-sided, ranch style adult foster care (AFC) facility located in a rural area within Oronoko Township. There are numerous restaurants and stores located within six miles of the AFC facility. Spectrum Health Lakeland Niles Hospital is located within ten miles of the AFC facility.

This AFC facility is located on a one-acre wooded lot with a large back and front yard and three-lane paved driveway, providing ample parking for visitors and staff. Five resident bedrooms, dining room, living room, kitchen and two full bathrooms and one ½ bathroom are located on the main floor. A private apartment intended for staff use is accessible from an entrance in the kitchen and includes an additional living room, ½ bathroom and family room. Stairs adjacent to the living room of this private apartment led to the second story where two additional private bedrooms are located. No resident bedrooms are present on the second floor. This home is wheelchair accessible and is equipped with two wheelchair accessible ramps located at the front and rear means of egress which terminate on a firm surface and solid unobstructed ground. This home utilizes a private water supply and private sewage disposal system which was inspected by the Berrien County Health Department on 06/07/2021 and was found to be in full compliance with applicable environmental health rules.

Two gas furnaces and two hot water heaters are located in the basement level and accessible by doors leading from the family room. Each furnace and water heater are enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating. The door to each heat plant room is constructed of metal equivalent to 1 ¾ inch solid wood, hung in a fully stopped frame and equipped with an automatic self-closing device and positive latching hardware. The applicant provided documentation that the furnace was inspected by a licensed professional on 09/01/2020 and is in good working condition. The facility is equipped with an interconnected hardwired smoke detection system, which is fully operational. Smoke detectors are located in all sleeping areas, the basement and in all areas with heat producing equipment. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 03/15/2021.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17' X 14'	238	3
2	12' X 14'	168	2
3	12' X 14'	168	2
4	13' X 17'	221	3
5	13' X 17'	221	2

The indoor living and dining areas measure a total of 797 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 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The licensee acknowledged an understanding of the administrative rules and requirements related to having three residents in a bedroom and agrees to abide by these requirements.

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 twelve (12) male and/or female ambulatory and non-ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, aged, or mentally ill, 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. Residents will be referred primarily from Region 4 Area Agency on Aging.

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.

In addition to the above program elements, it is the intent of the applicant to make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize resources and transportation provided by Region 4 Area Agency on Aging. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications:

The applicant is Long Acres Adult Foster Care, LLC which is a "For Profit Corporation", was established in Michigan, on 05/07/2013. 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. The Board of Directors of Long Acres Adult Foster Care, LLC. have submitted documentation appointing Yogarajah Saverus as Licensee Designee and administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Yogarajah Saverus. Yogarajah Saverus submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Yogarajah Saverus has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Yogarajah Saverus is currently the licensee designee administrator for other AFC facilities licensed to Yogarajah Saverus. Yogarajah Saverus has provided direct care services to both the physically handicapped, mentally ill, developmentally disabled, and aged populations for several years.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of one staff to 12 residents per shift. All staff will be awake during resident 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 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 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 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 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 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/authorization for each resident on an annual or as needed 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 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 resident 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.

The applicant 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 12 residents.



07/01/2021

Eli DeLeon
Licensing Consultant

Date

Approved By:



07/13/2021

Dawn N. Timm
Area Manager

Date