



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 17, 2022

Re'Ella Burrell  
5330 Glen Harbor  
Kalamazoo, MI 49009

RE: Application #: AS390407936  
**Caring Hands**  
**824 W. Kalamazoo Ave.**  
**Kalamazoo, MI 49007**

Dear Mrs. Burrell:

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 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**

<b>License #:</b>	AS390407936
<b>Applicant Name:</b>	Re'Ella Burrell
<b>Applicant Address:</b>	5330 Glen Harbor Kalamazoo, MI 49009
<b>Applicant Telephone #:</b>	(269) 348-4375
<b>Administrator:</b>	Re'Ella Burrell
<b>Licensee Designee:</b>	Re'Ella Burrell
<b>Name of Facility:</b>	Caring Hands
<b>Facility Address:</b>	824 W. Kalamazoo Ave. Kalamazoo, MI 49007
<b>Facility Telephone #:</b>	(269) 348-4375 03/29/2021
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

03/29/2021	Enrollment
04/06/2021	Lic. Unit file referred for background check review Re'Ella Burrell
04/09/2021	File Transferred To Field Office Lansing
04/21/2021	Application Incomplete Letter Sent
11/23/2021	Application Incomplete Letter Sent sent second letter via email (see file)
04/09/2022	Application Incomplete Letter Sent
04/12/2022	Inspection Completed On-site.
04/16/2022	Confirming Letter Sent.
05/31/2022	Contact-Documentation Received Furnace and Water Heater Inspection, Dan Wood Co. Invoice #234281.
05/31/2022	Contact-Documentation Received CertaSite Fire Alarm Inspection, 04/12/2022.
06/08/2022	Inspection Completed BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a two-story colonial home located in the historic district of the City of Kalamazoo, and approximately two miles from Bronson Hospital. There are multiple restaurants and convenience stores, as well as several churches located within one mile of the home. Staff and visitor parking are located near the rear entry of the home on a large, paved lot. There is no curbside parking due to city ordinance. On the main floor is one full bathroom, a large living room and dining area, kitchen, and two resident bedrooms. A stairwell located in the living room leads to the second story of the home. On the second story is one full bathroom and five resident bedrooms. The home has a basement that will not be used by residents. The home is not wheelchair accessible. The home utilizes public water and sewage disposal system.

The gas furnace and water heater are in the basement which is accessible through the main floor kitchen. The furnace and water heater were inspected by a licensed

professional and found to be in good working condition. A 1 3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the basement from the kitchen hallway, creating floor separation.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'5" X 14'6"	136	1
2	7'8" X 12'1"	92	1
3	11'6" X 9'7"	110	1
4	9'6" X 15'2"	144	1
5	14' X 10'8"	149	1
6	14' X 11'7"	162	1
7	14' X 13'3"	185	0

The indoor living and dining areas measure a total of 562 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 six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **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 six (6) male and/or female ambulatory adults whose diagnosis is developmentally disabled and/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 Summit Pointe.

**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 utilize local community resources for recreational activities including those listed above. These resources provide an environment to enhance the quality of life of residents.

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

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 operating other licensed AFC facilities.

A licensing record clearance request was completed with no convictions recorded for Re'Ella Burrell. Re'Ella Burrell submitted medical clearance requests with statements from a physician documenting her good health and current TB negative results.

Re'Ella Burrell provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Re'Ella Burrell is currently the licensee and administrator for another licensed AFC facility. Re'Ella Burrell have provided direct care services to individuals diagnosed with traumatically brain injured, mental illness and/or developmental disability for several years.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicants acknowledged that the staff to resident ratio may need to be decreased 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 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 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 licensees will administer medication to residents. 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 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 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 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 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 small group home with a capacity of six residents.



06/08/2022

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



06/17/2022

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Dawn N. Timm  
Area Manager

Date