



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 25, 2021

Crisoforo Campos
3539 Breton Valley DR
Kentwood, MI 49512

RE: Application #: AF410405891
Campos AFC
3539 Breton Valley DR
Kentwood, MI 49512

Dear Mr. Campos:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF410405891
Licensee Name:	Crisoforo Campos
Licensee Address:	3539 Breton Valley DR Kentwood, MI 49512
Licensee Telephone #:	(616) 890-3436
Administrator/Licensee Designee:	N/A
Name of Facility:	Campos AFC
Facility Address:	3539 Breton Valley DR Kentwood, MI 49512
Facility Telephone #:	(616) 942-8984
Application Date:	09/22/2020
Capacity:	4
Program Type:	MENTALLY ILL

II. METHODOLOGY

09/22/2020	On-Line Enrollment
10/09/2020	Contact - Document Received AFC 100 for Responsible Person Maria Burns
10/19/2020	PSOR on Address Completed
10/21/2020	Lic. Unit file referred for background check review Crisoforo Campos
10/29/2020	File Transferred to Field Office Grand Rapids
11/11/2020	Application Incomplete Letter Sent
01/28/2021	Inspection completed on-site.
01/28/2021	Contact - Document Received Received TB Test for Mr. Campos and his daughter, Maria Burns, Responsible Person. I received a tax bill to prove ownership.
01/28/2021	Application Complete/On-site Needed
02/23/2021	Telephone call made to Julia Caderin.
02/24/2021	Telephone call made to the applicant Crisoforo Campos.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a raised ranch style home located in a newer subdivision of Kentwood. As you enter the home there are steps that go up to the main floor and steps that go down to the lower level. The main floor has a large-opened room which contains the kitchen, the dining room, and the living room. There is one full bath and a resident bedroom for one resident. The Licensee, Mr. Campos's bedroom is on the same level. The lower level of the home has full daylight windrows around the sitting room, one full bathroom, three resident bedrooms for one resident in each. The furnace and the hot water heater, as well as the washer and the dryer are located in the lower level. The facility is not barrier free therefore, not wheelchair accessible

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection

system, with battery bac- up, which was installed by a licensed electrician and is fully operational. The home has fire extinguishers installed on each floor of the home. The home will utilize public water and sewage system.

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' x 13'	117	1
# 2	9' x 8'	72	1
# 3	8' x 11'	88	1
# 4	8' x 11'	88	1

The original application had recorded six (6) residents, but the size of the bedrooms would only allow for (4) four residents. This was explained to the applicant. The living, dining, and sitting room areas measure a total of 408.46 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 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four ambulatory residents, whose diagnosis is mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kent County-DHHS, network 180 (Kent County CMH), or private pay individuals as a referral source.

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.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request 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.

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 bed family home, there is adequate supervision with one responsible person on-site -for- four residents. The applicant acknowledges that the number of responsible persons on-site -to- resident ratio will 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 acknowledged 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 licensee(s), responsible person(s) and volunteer(s).

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, 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.

D. Rules or Statutory Violations

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

IV. RECOMMENDATION

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

Arlene B. Smith

02/25/2021

Arlene B. Smith, MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

02/25/2021

Jerry Hendrick
Area Manager

Date