



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 29, 2023

Gloria Mihelich
3113 Parchmount Ave.
Kalamazoo, MI 49004

RE: Application #: AF390415347
Butterfly Oasis
3113 Parchmount Ave.
Kalamazoo, MI 49004

Dear Mrs. Mihelich:

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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390415347
Applicant Name:	Gloria Mihelich
Applicant Address:	3113 Parchmount Ave. Kalamazoo, MI 49004
Applicant Telephone #:	(269) 342-5772
Licensee:	Gloria Mihelich
Administrator:	N/A
Name of Facility:	Butterfly Oasis
Facility Address:	3113 Parchmount Ave. Kalamazoo, MI 49004
Facility Telephone #:	(269) 615-4762
Application Date:	01/11/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/11/2023	Enrollment
01/11/2023	PSOR on Address Completed
01/11/2023	Application Incomplete Letter Sent-Fingerprint/1326/RI 030 for Gloria Mihelich
01/12/2023	Contact - Document Received-1326/Fingerprint/RI 030 for Gloria Mihelich
01/12/2023	Application Incomplete Letter Sent-SOS address discrepancy for Gloria Mihelich
01/13/2023	Contact - Document Received-Verification of change of address for Gloria.
01/13/2023	File Transferred To Field Office-Lansing via SharePoint
01/26/2023	Comment-Received case file
01/27/2023	Application Incomplete Letter Sent
02/20/2023	Contact - Document Received-Facility/Licensing Records
03/07/2023	Contact - Document Received-Inspection Letter
03/14/2023	Inspection Completed On-site
03/18/2023	Contact - Document Received-Financial records, permission to inspect letter
03/20/2023	Inspection Completed-BCAL Full Compliance
03/28/2023	Contact- Telephone call received/made to applicant. Floor separation required.
03/29/2023	Contact- Document received. Verification of floor separation.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed as an adult foster care home since 2007 and is now undergoing a change in licensee.

This is a single-story remodeled brick home with a full basement located in a residential neighborhood in the township of Kalamazoo. The home is near grocery stores, schools, restaurants and churches. The main level includes 6 resident bedrooms, 1 full bathroom for residents, 1 half bathroom for residents, living room, dining room and kitchen. The basement of the home will be occupied by the licensee and her spouse. The home is wheelchair accessible. The home has at least one approved means of egress that is equipped with a wheelchair ramp from the first floor. The home can accommodate wheelchairs throughout the main level of the home. The home utilizes public water supply and sewage disposal system.

The gas furnace and water heater are located in the basement in an enclosed furnace room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The door leading to the basement at the top of the stairs is also equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware 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. On 2/21/2023, the furnace and smoke detection system were inspected and was determined to be 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	13'1" x 134"	174 sq ft	1
2	12'10" x 9'8"	123 sq ft	1
3	9'6" x 9'8"	87 sq ft	1
4	9' x 10'	90 sq ft	1
5	9' x 10'	90 sq ft	1
6	9' x 10'	90 sq ft	1

The licensee reserves the option of using bedroom #1 for double occupancy in the event she accepts a married couple but recognizes that at no time may the total number of residents exceed six individuals.

The indoor living and dining areas measure a total of 333 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 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 and/or female residents who are aged, physically handicapped, or traumatically

brain-injured. The program will include social interaction, training to develop personal hygiene, personal adjustment, independent living skills and opportunity for involvement in day programs. The facility utilizes visiting physician services, and family members will be expected to provide transportation for other medical and community outings. The applicant intends to accept residents with private sources for payment.

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 applicant to utilize local community resources for recreational activities including the library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant, Ms. Gloria Mihelich, 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 income.

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 6 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.

D. 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six (6) residents.



03/29/2023

Ondrea Johnson
Licensing Consultant

Date

Approved By:



03/29/2023

Dawn N. Timm
Area Manager

Date