



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 31, 2023

Kayla Lynam
8729 Kephart Lane
Berrien Springs, MI 49103

RE: Application #: AF110413907
Family Care of Berrien Springs
8729 Kephart Lane
Berrien Springs, MI 49103

Dear Kayla Lynam:

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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110413907
Licensee Name:	Kayla Lynam
Licensee Address:	8729 Kephart Lane Berrien Springs, MI 49103
Licensee Telephone #:	(269) 235-0833
Name of Facility:	Family Care of Berrien Springs
Facility Address:	8729 Kephart Lane Berrien Springs, MI 49103
Facility Telephone #:	(269) 362-4997
Application Date:	08/23/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/23/2022	On-Line Enrollment
09/28/2022	PSOR on Address Completed
09/28/2022	Contact - Document Sent forms sent
10/27/2022	Contact - Document Received RI030
10/27/2022	Contact - Document Sent sent app inc for 1326,afc 100 and copy of ID
01/10/2023	Inspection Completed- BCAL Full Compliance
01/20/2023	Contact - Document Received afc 100,1326,ID
07/31/2023	Application Incomplete Letter Sent
07/31/2023	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch style home located in a suburban community in Berrien Springs, MI. As you approach the home, there are two entrances. The entrance closet to the driveway leads to the resident living area. The resident living area includes four private resident bedrooms, one semi-private bedroom, two full bathrooms, a kitchen, and dining/living area. There is an exit to the backyard of the home, providing an additional mean of egress on this side of the home.

The second entrance, furthest from the driveway, leads to licensee's living area. The licensee's living area is not utilized by residents. It includes three bedrooms, one full bathroom, a kitchen, a dining area, and a living room.

At the time of license issuance, the home is not wheelchair accessible due to there being multiple steps up to the front door and no ramp or paved walkway to the back exit. The licensee will only accept residents who are ambulatory at this time.

The home utilizes a gas furnace and gas water heater which are in the basement of the home. There is floor separation provided by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware on the licensee's side of the home. The basement is not accessible to and will not be utilized by residents. The

home has fire extinguishers installed in each half of the home. The home utilizes public water and sewage.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	# of Beds
1	8' x 10'	80	1
2	8' x 10'	80	1
3	8' x 10'	80	1
4	12' x 12'	144	2
5	8' x 12'	96	1

The dining and living area measures 276 square feet of living space which exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate six (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 six male and/or female residents who are developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety, and independent living skills, as well as an opportunity for involvement in education, day programs and/or employment. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through community agencies.

If required, behavioral management programs will be identified in resident 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 do daily in home activities and provide entertainment to the residents. These resources provide an environment to enhance quality of life and increase the independence of residents.

C. Rule/Statutory Violations

The applicant, Kayla Lyman, is approved to provide care to individuals who are developmentally disabled. She has been working, since June 2022, as the primary direct care worker at the previous license at this address which was licensed to provide care for individuals with developmental disabilities.

Criminal history background checks of the applicant and responsible persons were completed. All individuals were determined to be of good moral character to provide licensed adult foster care.

The applicant and responsible persons 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, in addition to outside sources of income from the responsible person.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six (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 for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase 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 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 acknowledges 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 indicates 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 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 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 to document the date and amount of the adult foster care service fee paid each month and all the resident's 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. Although the home is not capable of accepting residents with mobility impairments at the time of license issuance.

D. Rules of 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 temporary license to this AFC adult family home capacity six.

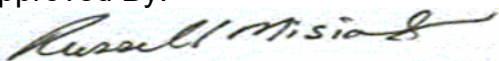


7/31/23

Cassandra Duursma
Licensing Consultant

Date

Approved By:



8/30/23

Russell B. Misiak
Area Manager

Date