



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 3, 2023

James Saintz
Agnus Dei AFC Home Inc.
1307 42nd St.
Allegan, MI 49010

RE: Application #: AS030417396
Agnus Dei AFC Home V
2221 63rd Street
Fennville, MI 49408

Dear Mr. Saintz:

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

License #: AS030417396

Applicant Name: Agnus Dei AFC Home Inc.

Applicant Address: 1307 42nd St.
Allegan, MI 49010

Applicant Telephone #: (269) 686-8212

Licensee Designee: James Saintz

Administrator: James Saintz

Name of Facility: Agnus Dei AFC Home V

Facility Address: 2221 63rd Street
Fennville, MI 49408

Facility Telephone #: (269) 686-8212

Application Date: 08/02/2023

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/02/2023	Enrollment
08/10/2023	Application Incomplete Letter Sent 1326A
08/10/2023	Contact - Document Received 1326A
08/11/2023	Comment ICHAT- sent for review
08/18/2023	PSOR on Address Completed
08/18/2023	Inspection Report Requested - Health
09/01/2023	Application Incomplete Letter Sent
09/12/2023	Contact-Document Received, -Lease Agreement. Floor Plan, Medical Clearance, Program Statement, Admission / Discharge Policy, Training Transcript, Diploma, Degree, Proposes Staffing Pattern, Organization Chart, Budget, Furnace Inspection.
09/13/2023	Inspection Completed On-site.
09/13/2023	SC-Inspection Completed On-site.
09/28/2023	Contact-Document Received -Fire Extinguisher Inspection Report.
10/26/2023	Contact-Document Received -Environmental Health Inspection Report "A" rating, 08/25/2023.
11/02/2023	Contact-Document Reviewed -Medical Clearance.
11/02/2023	SC-Inspection Full Compliance.
11/02/2023	Inspection Completed-BCHS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story, ranch home located in a rural area of the city of Fennville. This facility is approximately 17 miles from Holland Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within four miles of the home. Staff and visitor parking is located near the front and rear entry of the home on a long gravel driveway.

On the main floor is one full bathroom, three semi-private resident bedrooms, a large great room, dining area, laundry room and kitchen. All three semi-private resident bedrooms meet the bedroom space requirements for two residents. One resident bedroom has a private bathroom. The lower level of this home will be used for storage and will not be accessible to residents. This facility is wheelchair accessible and has two approved means of egress with wheelchair ramps on the main level of the facility. One wheelchair accessible means of egress is located at the front entrance of the home and includes a wheelchair accessible ramp that ends on solid unobstructed ground. A second wheelchair accessible entrance/exit is located at the back of the home and includes a wheelchair accessible ramp that ends on solid unobstructed ground.

The home has private water and septic systems. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Allegan County Health Department on 08/25/2023.

The gas furnace and water heater are on the main floor and are accessible through the laundry room. The furnace was inspected on 09/06/2023 and is fully operational. 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 fully enclosed furnace and water heater accessible from the laundry room, 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	13'2" X 10'8"	140	2
2	10'1" X 13'2"	132	2
3	13'8" X 13'8"	186	2

The living, dining, and sitting room areas measure a total of 530 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident's *Assessment Plans for AFC Residents* and individual plans of service. 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 or female ambulatory adults whose diagnosis is traumatically brain injured, developmentally disabled, mentally impaired, and/or physically handicapped, 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. The applicant has applied for specialized program certification and intends to accept residents under contract from Pines Behavioral Health, Allegan County CMH Services, Van Buren CMH Authority, and CMH Services of St. Joseph. The applicant intends to accept individuals with private sources of payment, Social Security, Supplemental Security Income, CMH Specialized Residential funding and Medicaid Personal Care Funding.

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, and the responsible agency.

The licensee will provide transportation for program and medical needs as specified in the Resident Care Agreement. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Agnus Dei AFC Home, Inc., and it is a "Domestic Profit Corporation" which was incorporated on September 22, 2006. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that James Saintz is the Resident Agent. 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. Mr. James Saintz is the sole board member of Agnus Dei AFC Home, Inc.,

and he has stated in writing, the appointment of himself, as the Licensee Designee and the Administrator, for the facility.

A criminal background check of James Saintz was completed, and he was determined to be of good moral character to provide licensed adult foster care. James Saintz has submitted a statement from his physician documenting his good health and current negative tuberculosis test results.

James Saintz has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. James Saintz has provided copies of the successful completion of his education and trainings. James Saintz has also been trained in First Aid and Cardiopulmonary Resuscitation and provided a certification of completion. James Saintz is a licensee designee for several licensed facilities and has experience working with the populations that will be served in this home.

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 applicant 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) 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 indicated resident medication will be stored in a locked cabinet and 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 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 and special certification to this adult foster care small group home with a capacity of six residents.



11/03/2023

Eli DeLeon
Licensing Consultant

Date

Approved By:



11/03/2023

Dawn N. Timm
Area Manager

Date