



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 8, 2023

Julie Stevens
6191 N Riverview
Kalamazoo, MI 49004

RE: Application #: AF390417954
The Homestead
6191 N Riverview
Kalamazoo, MI 49004

Dear Ms. Stevens:

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 #:	AF390417954
Applicant Name:	Julie Stevens
Applicant Address:	6191 N Riverview Kalamazoo, MI 49004
Applicant Telephone #:	(269) 599-4809
Licensee:	Julie Stevens
Administrator:	N/A
Name of Facility:	The Homestead
Facility Address:	6191 N Riverview Kalamazoo, MI 49004
Facility Telephone #:	(269) 599-4809
Application Date:	10/11/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/11/2023	Enrollment
10/11/2023	PSOR on Address Completed
10/11/2023	Inspection Report Requested – Health 1034010
10/11/2023	Application Incomplete Letter Sent-Page 2 of app, signed 1326 for Julie & AFC 100 for Resp Person
10/19/2023	Contact - Document Received- Page 2 of application, signed 1326 for Julie & AFC 100 forms for Robert, Noah & Brendan
10/19/2023	File Transferred To Field Office-Lansing via SharePoint
10/25/2023	Inspection Completed-Env. Health: A
10/27/2023	Application Incomplete Letter Sent
11/08/2023	Inspection Completed On-site
11/08/2023	Contact - Document Received-Facility/Licensee Documents
11/08/2023	Application Complete/On-site Needed
11/08/2023	Inspection Completed On-site
11/17/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Homestead is a two-story wood framed home that sits on a large corner lot on over two acres of land. The home is located in Cooper Township of Kalamazoo just 15 minutes from downtown and close to Bronson Hospital, parks and museums. The first floor includes two resident bedrooms, two living rooms, a kitchen, dining room, sitting room laundry room and one full bathroom with shower/tub for resident use. There is an additional bedroom and one full bathroom with shower/tub on the first floor that will be occupied by the licensee and her spouse. The second floor includes four resident bedrooms, a sitting room and two full bathrooms with shower/tub for residents. The home is wheelchair accessible and can accommodate wheelchairs moving throughout the facility on the first floor. The home has two approved means of egress that are both equipped with a ramp from the first floor. The home utilizes private water supply and sewage disposal system. Residents who regularly utilize a wheelchair can only reside on the first floor of the facility.

The home is heated by three gas fueled furnaces located in the basement of the home which can only be accessed from the outside of the house. The furnace and hot water heater are enclosed in an approved heating plant room. The heating plant room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces were inspected by a licensed professional and found to be in good working condition.

The facility is equipped with interconnected, hardwire smoke detection system, with batter back up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system installed throughout the home. The facility is equipped with fire extinguishers which are located on each floor of the home. On 10/25/2023, an environmental health inspection was conducted, and the home was determined to be in full compliance with environmental health rules during the onsite inspection.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'0" x 9'9"	153 sq. ft.	1
2	8'10" x 9'9"	72 sq. ft.	1
3	16' 0" x 8' 10"	160 sq. ft.	1
4	16'8" x 10'8"	160 sq. ft.	1
5	16'6 x 13'2"	208 sq. ft.	1
6	25'4" x 9'0"	225 sq. ft.	1

The living, dining, and sitting room areas measure a total of 938 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(s) intends to provide 24-hour supervision, protection, and personal care to six (6) ambulatory and non-ambulatory residents, whose diagnosis is developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kalamazoo County-DHHS, Kalamazoo 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 and responsible person. The applicant, Julie Stevens and responsible person Noah Kortz both 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 along with outside employment.

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 to maintain this category type of adult foster care license.

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 / 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 six bed family home, there is adequate supervision with one responsible person on-site for six 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, 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 resident's 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 of 6.



Ondrea Johnson
Licensing Consultant

11/17/2023
Date

Approved By:



12/08/2023

Dawn N. Timm
Area Manager

Date