



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 18, 2024

Olivia Baker
Amanisher Home Care LLC
2301 Ashton Ave
KALAMAZOO, MI 49004

RE: Application #: AS390418334
Amanisher Home Care LLC
2301 Ashton Ave
Kalamazoo, MI 49004

Dear Olivia Baker:

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 3 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 #:	AS390418334
Licensee Name:	Amanisher Home Care LLC
Licensee Address:	2301 Ashton Ave KALAMAZOO, MI 49004
Licensee Telephone #:	(269) 240-5021
Licensee Designee:	Olivia Baker
Administrator:	Olivia Baker
Name of Facility:	Amanisher Home Care LLC
Facility Address:	2301 Ashton Ave Kalamazoo, MI 49004
Facility Telephone #:	(269) 240-5021
Application Date:	03/20/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/20/2024	On-Line Enrollment
03/21/2024	PSOR on Address Completed
03/21/2024	Contact - Document Sent forms sent
04/01/2024	Contact - Document Received
04/09/2024	Contact - Document Sent emailed Licensee asking why they sent EIN, etc. for an individual license
04/11/2024	Contact - Document Received Licensee called to say she wants to keep application as individ.
04/11/2024	File Transferred To Field Office
04/26/2024	Application Incomplete Letter Sent
05/01/2024	Contact-Document Reviewed -Medical clearance, TB results.
05/19/2024	Contact-Document Reviewed -Ownership, program statement, staffing pattern, admission/discharge.
05/21/2024	Contact-Document Reviewed -Floor plan.
05/24/2024	Contact-Document Reviewed -Furnace, smoke alarm inspections, budget.
07/09/2024	Inspection Completed On-site
07/10/2024	Confirming Letter Sent
08/23/2024	Inspection Completed On-site
08/26/2024	Confirming Letter Sent
10/04/2024	Inspection Completed On-site
10/16/2024	Inspection Completed On-site-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a bi-level, vinyl sided home located in Kalamazoo, Michigan. This facility is three miles from Borgess Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within two miles of this facility. The facility has a paved driveway which provides ample parking for visitors and staff.

The living room, dining area, and kitchen are located on the main level. One full bathroom and three private resident bedrooms are located on the main level as well. The main level has one means of egress located on the southeast side of the facility at the front entrance and another means of egress located on the south westside of the facility accessible from the kitchen. This facility is not wheelchair accessible and cannot admit residents who require a wheelchair to assist with mobility. This facility uses public water and septic systems.

The facility has a furnace and water heater that utilize gas for operation and was inspected on 05/07/2024 and is fully operational. The furnace and water heater are located in the basement of this facility and is accessible from the main floor stairwell and separated from the remainder of the home with a metal rated fire door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with interconnected, wireless, battery-powered single-station Ningbo Eversafe smoke detectors which have been installed near sleeping areas, on the occupied floor of the home, in the basement and near all flame or heat producing equipment. The Ningbo Eversafe smoke detectors were inspected on 05/07/2024 and 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	11'5" X 10"	114	1
2	11'7" X 10'7"	122	1
3	8'11 X 10'10"	96	1

The living, dining, and sitting room areas measure a total of 237 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 **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

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 **three** (3) male and/or female ambulatory adults whose diagnosis is developmentally disabled and/or mental illness 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 intends to accept residents from Community Mental Health as a referral source.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided as agreed upon in each resident's *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 schools, libraries, churches, shopping centers, sporting events, and local parks to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Amanisher Home Care LLC., which is a "Domestic Limited Liability Company", established in Michigan, on 10/27/2023. 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.

The Board of Directors of Amanisher Home Care LLC have submitted documentation appointing Olivia Baker as licensee designee and administrator for this facility. A licensing record clearance request was completed with no convictions recorded for Olivia Baker. Olivia Baker submitted medical clearance requests with statements from a physician documenting her good health and current negative tuberculosis test results.

Olivia Baker has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Olivia Baker has provided proof of required trainings in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Olivia Baker has over four years' experience providing direct care to the populations that will be served in this facility.

The staffing pattern for the original license of this three-bed facility is adequate and

includes a minimum of one staff for three residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 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 acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, can administer medication to residents. 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 acknowledged their 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 their 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 home for adult foster care. The applicant acknowledged their 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 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 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 to document the date and amount of the adult foster care service fee paid each month and all 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 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 acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledged their 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 to this adult foster care small group home with a capacity of three (3) residents.

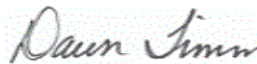


10/18/2024

Eli DeLeon
Licensing Consultant

Date

Approved By:



10/18/2024

Dawn N. Timm
Area Manager

Date