



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 6, 2024

Jamie Bigby
You're Always At Home AFC LLC
251 N. Rose St.
Kalamazoo, MI 49007

RE: Application #: AS390418719
You're Always At Home #3 AFC LLC
946 Bellevue Pl
Kalamazoo, MI 49007

Dear Jaime Bigby:

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 5 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 #:	AS390418719
Applicant Name:	You're Always At Home AFC LLC
Applicant Address:	251 N. Rose St. Kalamazoo, MI 49007
Applicant Telephone #:	(269) 365-9310
Licensee Designee:	Jamie Bigby, Louis Kyle
Administrator	Jamie Bigby
Name of Facility:	You're Always At Home #3 AFC LLC
Facility Address:	946 Bellevue Pl Kalamazoo, MI 49007
Facility Telephone #:	(616) 309-8205
Application Date:	08/06/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/06/2024	Enrollment
08/06/2024	Application Incomplete Letter Sent Requested 1326/RI030 for both Jamie and Louis - prints too old
08/06/2024	PSOR on Address Completed
08/06/2024	Contact - Document Sent forms sent
08/22/2024	Contact - Document Received 1326/RI030 and missing RI030 for Jamie.
09/03/2024	File Transferred To Field Office
09/24/2024	Application Incomplete Letter Sent
09/24/2024	Contact-Document Reviewed -Floor plan.
09/27/2024	Contact-Document Reviewed -Medical clearance and TB, staffing pattern, program statement, admission/discharge, refund, emergency and sever weather policies.
09/30/2024	Contact-Document Reviewed- Ownership.
10/11/2024	Contact-Document Reviewed- Lease.
10/11/2024	Contact-Document Reviewed- Furnace, water heater inspection.
10/21/2024	Inspection Completed On-site.
10/22/2024	Contact-Document Reviewed. Confirming letter sent.
10/28/2024	Inspection Completed On-site.
11/04/2024	Inspection Completed On-site-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a three-story vinyl sided home located in Kalamazoo, Michigan. The property is owned by Sunderram Reddy. On file is proof of property ownership and documentation that You're Always At Home AFC LLC has permission to operate a licensed adult foster care at this location. The facility is less than one mile from Bronson Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within one mile of this facility. This facility has a gravel driveway, adjacent to a public parking lot, which provides ample parking for visitors and staff.

The living room, dining area, and kitchen are located on the main level. The main level has one means of egress located on the south side of the facility at the front entrance and another means of egress located on the north side of the facility, accessible from the kitchen. A family room is located on the basement level. The basement level has one means of egress at the stairwell leading to the kitchen and an egress window on the west side of the facility. The main level of this facility has one private resident bedroom and one full bathroom. The second story of this facility is accessible by a main floor stairwell near the kitchen and has two private resident bedrooms and one semi-private resident bedroom, as well as one full bathroom. The third floor of this facility will be for the discretionary use of the licensee designee and will not be used for resident bedrooms. 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 10/09/2024 and is fully operational. The furnace and water heater are located in the basement of this facility in a fully enclosed room constructed of fire rated material, 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, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Heat detectors are located in the kitchen and furnace room. Smoke detectors are located near the sleeping areas and near all flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'10" X 10'8"	94	1
2	13'6" X 8'5"	113	1
3	13'6" X 8'5"	113	1
4	14'11" X 10'10"	161	2

The indoor living and dining areas measure a total of 382 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five** (5) 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 five male and female ambulatory residents whose diagnosis is developmentally disability and mental illness in the least restrictive environment possible. The program will include personal care and medication assistance, housekeeping and laundry services, scheduled activities and group outings, and transportation to and from outings and appointments. The applicant intends to accept residents from Kalamazoo County Community Mental Health Authority or private pay individuals as a referral source. The applicant has applied to operate a specialized program under contract with Kalamazoo County Community Mental Health Authority.

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 You're Always At Home AFC LLC which is a Domestic Limited Liability Company established in Michigan on 09/23/2022. 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. Jamie Bigby is the Resident Agent of You're Always At Home AFC LLC. Jamie Bigby has submitted documentation appointing Jamie Bigby and Louis Kyle as licensee designees and Jamie Bigby as administrator for this facility.

Criminal history background checks of Jamie Bigby and Louis Kyle were completed and Jamie Bigby and Louis Kyle are determined to be of good moral character to provide licensed adult foster care. Jamie Bigby and Louis Kyle submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test result.

Jamie Bigby and Louis Kyle have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Jamie Bigby and Louis Kyle have 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. Jamie Bigby has direct care experience working as a Certified Nurse Assistant at various assisted living facilities for over five years. Louis Kyle has direct care experience working as a home healthcare aide for over one year. Jaime Bigby and Louis Kyle have served as the licensee designee for another licensed facility for over a year.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff to five 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 has 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 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 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 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 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 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 in order to document the date and amount of the adult foster care service fee paid each month and all 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 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 five (5) residents.



11/04/2024

Eli DeLeon
Licensing Consultant

Date

Approved By:



11/06/2024

Dawn N. Timm
Area Manager

Date