



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

January 8, 2009

Jacqueline Wright
10564 North 16th
Plainwell, MI 49080

RE: Application #: AS390298225
Evelyn's Kare
828 Beth Ave.
Kalamazoo, MI 49004

Dear Mrs. Wright:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS390298225
Applicant Name:	Jacqueline Wright
Applicant Address:	10564 North 16th Plainwell, MI 49080
Applicant Telephone #:	(269) 685-6567
Administrator/Licensee Designee:	N/A
Name of Facility:	Evelyn's Kare
Facility Address:	828 Beth Ave. Kalamazoo, MI 49004
Facility Telephone #:	(269) 373-5899 09/19/2008
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/19/2008	Enrollment
10/13/2008	File Transferred To Field Office Kalamazoo
10/28/2008	Application Incomplete Letter Sent
12/16/2008	Inspection Completed On-site
01/06/2009	Application Complete/On-site Needed
01/06/2009	Inspection Completed On-site
01/06/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single story home with full basement and attached garage located in a relatively new subdivision on the outskirts of the city of Kalamazoo. The subdivision still has a number of empty lots, but expansion is anticipated.

The main floor has cathedral ceilings and an open floor plan. Resident bedrooms are contained on the main floor along with the kitchen, dining area, living room, and resident bathroom. The lower level will provide sleeping quarters for employees, and is equipped with egress windows for exiting. Residents will not be in the basement except for emergencies or possibly to do laundry.

Entrances to the facility are not wheelchair accessible and residents must be able to climb stairs to enter into the facility. Individuals who are ambulatory but use walkers or canes could be accommodated.

This facility has three resident bedrooms, all with more than sufficient floor space to accommodate two residents each. Two bedrooms have 182 square feet, and the third bedroom has 272 square feet. The largest bedroom has its own master bathroom. The main level contains an additional full bathroom for resident use.

The living/dining room provides 483 square feet, which meets the licensing rule requirement of 35 square feet of living space per home occupant.

The water and sewage disposal systems are public.

The facility has a professionally installed smoke detection system connected to the electrical system. The system was found to be functional during the on-site inspection.

The heat plant is located in the basement and the rule required fire rated doors have been installed where the furnace and hot water heater are located.

B. Program Description

The applicant's program statement and fee policy state that she will accept men and women with diagnoses of mental illness and developmental disability. The applicant will accept SSI payment only with additional contract monies under specialized contract with mental health. Otherwise placements will be private pay. The applicant wants individuals who are 40 years of age or older.

Transportation will be limited to group outings and local medical appointments.

Jacqueline Wright has been licensed to operate an adult foster care family home for fourteen years, and will continue to operate the family home along with the group home. Mrs. Wright has submitted documentation that she has the required competencies and experience to be licensee and administrator for a group home.

Mrs. Wright has submitted a detailed budget showing how she will support the group home until she has a full complement of residents.

Mrs. Wright has submitted a medical clearance and current TB test results. The department has determined that Mrs. Wright is of good moral character to be a licensee.

Mrs. Wright and her sister will be the primary direct care staff until the facility has sufficient income to hire additional employees. She intends to staff with a 1:6 ratio, and supplement with a part time person three days a week. Mrs. Wright's has submitted documentation to show that her sister is qualified to be direct care staff.

Mrs. Wright submitted admission and program statement as well as personnel, refund and discharge policies which meet licensing requirements. She also submitted house rules and a job description for direct care staff.

Mrs. Wright is aware of the statutory requirements pertaining to the hiring or contracting of persons who provide direct services to residents.

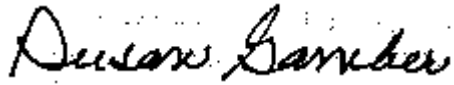
C. Rule/Statutory Violations

On January 6, 2009 the applicant was found to be in substantial compliance with the licensing act and applicable administrative rules. Quality of care rules will be further evaluated once residents are in care.

Technical assistance was provided to the applicant on Act and administrative requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

IV. RECOMMENDATION

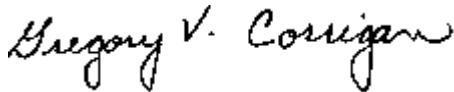
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Susan Gamber
Licensing Consultant

January 8, 2009
Date

Approved By:



Gregory V. Corrigan
Area Manager

January 8, 2009
Date