



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

January 27, 2009

Elsabeth Asmare
2843 Turtle Creek Dr.
East Lansing, MI 48823

RE: Application #: AS330294969
Kalkidan AFC
4464 Hickorywood Dr.
Okemos, MI 48864

Dear Ms. Asmare:

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 (517) 241-2585.

Sincerely,

A handwritten signature in black ink that reads "Dawn Timm".

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330294969
Applicant Name:	Elsabeth Asmare
Applicant Address:	2843 Turtle Creek Dr. East Lansing, MI 48823
Applicant Telephone #:	(517) 336-4490
Licensee:	Elsabeth Asmare
Administrator:	Elsabeth Asmare
Name of Facility:	Kalkidan AFC
Facility Address:	4464 Hickorywood Dr. Okemos, MI 48864
Facility Telephone #:	517-347-6982
Application Date:	03/04/2008
Capacity:	6
Program Type:	AGED MENTALLY ILL PHYSICALLY DISABLED

II. METHODOLOGY

03/04/2008	Enrollment
08/14/2008	Application Incomplete Letter Sent
10/03/2008	Contact - Face to Face answered questions of new applicant
01/02/2009	Inspection Completed On-site
01/02/2009	Inspection Completed-BFS Sub. Compliance
01/05/2009	Application Incomplete Letter Sent
01/05/2009	Application Complete/On-site Needed
01/05/2009	Inspection Completed On-site
01/05/2009	Inspection Completed- BFS Full Compliance
01/27/2009	Contact- Document Received- verification of employment

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large, two-story, brick and vinyl single family home built on a cement slab. The home is located in a residential neighborhood in Okemos. There is space for parking in the driveway and along the street. Attached to the home is a two-car garage with concrete floor and overhead storage. The facility has a walk-out deck built off the kitchen which has a built-in grill and built-in eight person hot-tub. The hot-tub is covered by a locked cover and will not be used by residents and/or staff.

The first floor of the home has a laundry room, kitchen (120.75 square feet), small dining area (162.84 square feet), one resident bedroom, an office, one half-bathroom, and a living room (244.50 square feet). The living room has a wood burning fireplace with brick hearth and crown molding, however, glass doors covering the fireplace are locked and the fireplace will not be used for any purpose. There is one stairway leading to the second floor. The second floor includes three resident bedrooms and two full bathrooms.

The first floor resident bedroom measure as follows:

Bedroom #1 12'7" x 11'4"= 142.53 square feet (1 resident)

The second floor resident bedrooms measure as follows:

Bedroom #2	13'3" x 17'5"= 230.82 square feet	(2 residents)
Bedroom #3	10'6" x 12'0"= 126 square feet	(1 resident)
Bedroom #4	11'0" x 20'9"= 228.25 square feet	(2 residents)

The basement is partially finished and contains the heating unit but is not approved for resident use. The basement also has one bedroom, but it will not be used for residents or by staff.

The facility has public water and sewage. Waste removal will occur on a weekly basis. The facility has an interconnected smoke alarm system and a 90-minute fire-rated door creating floor separation between the first floor and the basement.

B. Program Description

Mrs. Asmare is the licensee and administrator for this facility. Mrs. Asmare has her Bachelor's Degree in Nursing and is a Registered Nurse. Mrs. Asmare has submitted employment verification which states that she has worked as a registered nurse and previously as a patient care technician in the intensive care unit and as an LPN in a nursing home for elderly patients with Alzheimer's/dementia, depression, schizophrenia and physical disabilities. Mrs. Asmare has experience caring for adults of various ages and most recently cared for patients who had suffered from a stroke. Mrs. Asmare has submitted current verification of her licensure as a registered nurse and CPR and first-aid training.

Given Mrs. Asmare's occupational experiences, the facility is approved to provide adult foster care to aged men and women as well as men or women age 18 years and older with mental illness and/or physical disabilities. The facility will provide activities for the resident both in and out of the home according to the residents' interests. The facility will also provide basic training and/or re-training in dressing, grooming, bathing, eating, toileting, and other skills as necessary. Residents may also assist with household tasks if desired. The home cannot accommodate residents that require the use of a wheelchair.

The licensee has submitted a job description, program statement, proposed staffing pattern, procedures and practices for staff to follow, admission and discharge policies, resident rights, and a copy of the house rules. Facility policies were reviewed by this consultant and found to be in compliance. Emergency plans and evacuation procedures were reviewed by this consultant and found to be in compliance. This consultant also reviewed with Mrs. Asmare the necessary documents that need to be in all resident files and employee files.

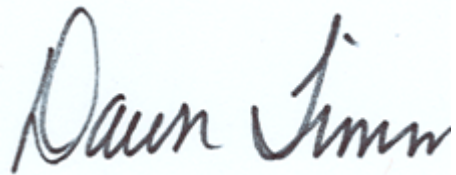
Resident and employee records will be retained at the facility at all times.

C. Rule/Statutory Violations

Compliance with physical plant rules has been determined. All items cited for correction have been verified by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home with a capacity of 6 residents.



01/27/2009

Dawn N. Timm
Licensing Consultant

Date

Approved By:



01/27/09

Betsy Montgomery
Area Manager

Date