



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 30, 2009

Donna Slocum
13466 White Creek Ave. NE
Cedar Springs, MI 49319

RE: Application #: AF410296369
Esteem AFC Home North
13466 White Creek Ave. NE
Cedar Springs, MI 49319

Dear Mrs. Slocum:

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 (616) 356-0100 or the Traverse City office at (231) 922-5309.

Sincerely,

Arlene B. Smith

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0116

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF410296369
Applicant Name:	Donna Slocum
Applicant Address:	13466 White Creek Ave. NE Cedar Springs, MI 49319
Applicant Telephone #:	(616) 696-3269
Administrator/Licensee Designee:	N/A
Name of Facility:	Esteem AFC Home North
Facility Address:	13466 White Creek Ave. NE Cedar Springs, MI 49319
Facility Telephone #:	(616) 696-3269
Application Date:	06/02/2008
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

06/02/2008	Enrollment
06/04/2008	Application Incomplete Letter Sent 1326 for applicant
06/09/2008	Contact - Document Received 1326 for applicant - sent to field office
07/08/2008	Inspection Report Requested - Health 1014433
07/08/2008	Application Complete/On-site Needed
07/08/2008	File Transferred To Field Office Grand Rapids
07/11/2008	Comment app rec'd in GR
07/11/2008	Application Incomplete Letter Sent
07/28/2008	Inspection Completed-Env. Health : A
08/15/2008	Contact - Telephone call made
09/19/2008	Contact - Telephone call made
10/15/2008	Contact - Telephone call made
11/26/2008	Contact - Telephone call made
12/12/2008	Contact - Telephone call made
01/23/2009	Contact - Document Received Electrical inspection report received.
02/11/2009	Contact - Telephone call made
03/12/2009	Contact - Telephone call made
03/25/2009	Contact - Document Received Furnace inspection report received.
06/11/2009	Inspection Completed On-site
06/15/2009	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a modular ranch home with a stick frame addition, which was added several years ago. This home has been an Adult Foster Care Small Group Home and a Family Home in the past. The home is located in a residential neighborhood in Cedar Springs. The home has a step to entrance from the front and a ramp that is attached to a wooded deck on the north side of the home. This will allow for residents that require wheelchairs to reside in the home. The main floor contains three exits. The main floor of the home contains a living room with an attached sitting room, a large dining room, kitchen, and laundry room. The resident area contains a full bathroom, two private resident bedrooms, and two semi-private bedrooms. The north side of the home contains the living area for the applicant and her family.

The furnace and hot water heater are located on the outside of the home, in an attached room. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed in the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	9' 10' x 14'	137.62	2
# 2	9' 10" x 14'	137.62	1
# 3	9' 10" x 14"	137.62	2
# 4	9' 10" x 8' 3"	81.1	1

The living, dining, and sitting room areas measure a total of 588 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 intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory or non ambulatory adults, whose diagnosis is developmentally disabled, mentally ill, or aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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. The applicant has chosen to develop a Program Statement, Admission Policy, Discharge Policy, House rules, Refund Policy, and a Fee Policy. These policies have been received by the department.

A. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant, Donna Slocum 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 of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents, in this family home that is licensed for (6) residents, will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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 obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

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 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 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 handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

D. Rule/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 temporary six-month license to this adult foster care family home for a capacity of 1-to-6 residents

Arlene B. Smith

06/29/2009

Arlene B. Smith
Licensing Consultant

Date

Approved By:



06/29/2009

Christopher J. Hibbler
Area Manager

Date