



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

June 21, 2010

Raphael & Ime Etuk  
908 College Ave. NE  
Grand Rapids, MI 49503

RE: Application #: AF410306794  
Victory Palace  
908 College Ave. NE  
Grand Rapids, MI 49503

Dear Raphael & Ime Etuk:

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 4 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 at (231) 922-5309.

Sincerely,

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Grant Sutton, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0117

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF410306794

**Applicant Name:** Raphael & Ime Etuk

**Applicant Address:** 908 College Ave. NE  
Grand Rapids, MI 49503

**Applicant Telephone #:** (616) 458-8997

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Victory Palace

**Facility Address:** 908 College Ave. NE  
Grand Rapids, MI 49503

**Facility Telephone #:** (616) 458-8997

**Application Date:** 02/11/2010

**Capacity:** 4

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/11/2010	Enrollment
02/18/2010	PSOR on Address Completed
02/18/2010	File Transferred To Field Office Grand Rapids
02/22/2010	Application Incomplete Letter Sent
04/12/2010	Inspection Completed On-site
04/12/2010	Inspection Completed-BCAL Sub. Compliance
04/12/2010	Confirming Letter Sent
04/29/2010	Inspection Completed - BCAL Re-inspection
05/25/2010	Inspection Completed - BCAL Re-inspection
06/08/2010	Contact - Telephone Call Received Update from applicant
06/18/2010	Inspection Completed - BCAL Full Compliance Re-inspection

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-story home located on the northeast side of the city of Grand Rapids, in an area of similarly constructed homes. The main floor consists of 3 resident bedrooms, a full bathroom, kitchen, and a dining and living room area. The 2<sup>nd</sup> floor has 3 bedrooms, kitchen, full bathroom, and kitchen and dining room area. The entire 2<sup>nd</sup> floor will be used by the applicants and is not be approved for resident use. The facility is not wheelchair accessible. The facility utilizes both public water and sewage systems.

The gas water heater and furnace are located in the basement of the facility with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors near sleeping areas, in the living room, and in the basement near the furnace. The basement is not approved for resident use.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
<b>Main Floor</b>			
1	10' x 13'	130 sq. ft.	2
2	10' x 10'	100 sq. ft.	1
3	14' x 7'	98 sq. ft.	1

The living, dining, and sitting room areas measure a total of 240 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 four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicants intend to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is aged, mentally ill, developmentally disabled, or traumatic brain injured. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from network 180 as a referral source.

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.

**C. Applicant and Responsible Person Qualifications**

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

The applicants have 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 and available savings.

The applicants acknowledge the understanding of the requirement of an adult foster care family home is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicants acknowledge that the number of responsible persons -to- residents on duty in the home may increase in order to meet the adequate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicants acknowledge an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicants 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the applicants have 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 applicants acknowledge their responsibility to obtain all required good moral character and medical documentation and signatures that are to be completed prior to the responsible person or volunteer working directly with residents. The applicants acknowledge that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to each responsible person or volunteer working directly with those residents.

The applicants acknowledge their responsibility to maintain a current employee record on file in the home for each licensee, responsible person or volunteer and follow the retention schedule for all of the documents contained within each employee's file.

The applicants acknowledge 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 applicants acknowledge their responsibility to obtain the required written assessment, 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 applicants acknowledge 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 required to be maintained within each resident's file.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicants acknowledge 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 applicants have 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 applicants acknowledge 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 applicants acknowledge that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rules or Statutory Violations**

The applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary 6-month license to this adult foster care family home (capacity 1-4).



06/21/2010

Grant Sutton  
Licensing Consultant

Date

Approved By:



06/21/2010

Christopher J. Hibbler  
Area Manager

Date