



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 9, 2010

Shane Metzger
David's House Ministries
2390 Banner Dr.
Wyoming, MI 49509

RE: Application #: AM410289650
David's House III
2387 Banner Dr. SW
Wyoming, MI 49509

Dear Mr. Metzger:

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 12 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.

Sincerely,

Edna E. Albert, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0662

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM410289650

Applicant Name: David's House Ministries

Applicant Address: 2390 Banner Dr.
Wyoming, MI 49509

Applicant Telephone #: 616 247-7861

Administrator/Licensee Designee: Shane Metzger, Designee

Name of Facility: David's House III

Facility Address: 2387 Banner Dr. SW
Wyoming, MI 49509

Facility Telephone #: (616) 247-7861

Application Date: 04/10/2007

Capacity: 12

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/10/2007	Enrollment
04/16/2007	Application Incomplete Letter Sent Page 1 of application sent back for changes
04/30/2007	Inspection Report Requested - Health 1012246
04/30/2007	Inspection Report Requested - Fire
04/30/2007	File Transferred To Field Office Grand Rapids
05/02/2007	Comment app rec'd in GR
05/23/2007	Application Incomplete Letter Sent
01/07/2009	Application Incomplete Letter Sent
01/12/2009	Inspection Completed-Fire Safety : D
06/25/2009	Inspection Completed-Fire Safety : D preliminary inspection
01/13/2010	Inspection Completed-Fire Safety : D
03/23/2010	Inspection Completed-Fire Safety : A hood suppression
03/23/2010	Inspection Completed-Fire Safety : A
04/28/2010	Inspection Report Requested - Health
04/28/2010	Application Incomplete Letter Sent
04/29/2010	Inspection Completed On-site
04/29/2010	Inspection Completed-BCAL Sub. Compliance
04/29/2010	Application Incomplete Letter Sent
06/07/2010	Inspection Completed-Environmental Health : B
06/07/2010	Contact - Document Sent

07/30/10	Document Received – From applicant
08/06/2010	Inspection Completed – Environmental Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a spacious single level structure located in an urban subdivision within the city of Wyoming. The facility is located in a cul-de-sac, where the applicant operates two other licensed facilities. The facility contains a spacious living and dining area, a commercial grade kitchen a conference room and a physical therapy room and twelve resident bedrooms each with attached handicap accessible bathrooms. The facility is entirely barrier free and the bedrooms are equipped with an overhead track system which will allow non-ambulatory residents to be easily moved about the room and into the bathroom, using a sling. The facility has two approved barrier free means of egress. The topography around the building allows for exiting the building without ramps for wheelchairs. The facility utilizes public water and sewage systems.

The facility has a community room attached to one end of the facility. This room is fully independent with a separate kitchen area and bathrooms. Double fire rated doors open between the facility and the community room. This area will be available for resident activities as well as for community activities.

The gas boiler and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician. Additionally, the facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.83 x 14.66	232	1
2	15.83 x 14.66	232	1
3	15.83 x 14.66	232	1
4	15.83 x 14.66	232	1
5	15.83 x 14.66	232	1
6	15.83 x 14.66	232	1

7	15.83 x 14.66	232	1
8	15.83 x 14.66	232	1
9	15.83 x 14.66	232	1
10	15.83 x 14.66	232	1
11	15.83 x 14.66	232	1
12	15.83 x 14.66	232	1

The living, dining, and sitting room areas measure a total of 916 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 twelve (12) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **twelve (12)** male or female ambulatory adults whose diagnosis is developmentally disabled, physically handicapped, or have traumatic brain injury, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. The applicant intends to accept residents from Network 180 (Kent County CMH) or private pay individuals 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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is David’s House Ministries, Inc., which is a Non Profit Corporation, which was established in Michigan, on 07/31/1989. 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.

The Board of Directors of David's House Ministries, Inc. has submitted documentation appointing Shane Metzger as Licensee Designee and Administrator of the facility.

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

The licensee designee / administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 2 staff –to- 12 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their 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 acknowledges their 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 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 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 applicant acknowledges 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 that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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 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 acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care (medium) group home (capacity 1 - 12).



08/09/2010

Edna Albert
Licensing Consultant

Date

Approved By:



08/09/2010

Christopher J. Hibbler
Area Manager

Date