



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

February 7, 2011

Kenneth Barno
Covenant Enabling Res of MI Inc
862 Forest Park Road
Muskegon, MI 49441

RE: Application #: AS410309175
Faith House
340 Thornridge Dr. NW
Grand Rapids, MI 49504

Dear Mr. Barno:

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
Desk: (616) 356-0111

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410309175

Applicant Name: Covenant Enabling Res of MI Inc

Applicant Address: 862 Forest Park Road
Muskegon, MI 49441

Applicant Telephone #: (231) 780-9240

Administrator/Licensee Designee: Kenneth Barno, Designee

Name of Facility: Faith House

Facility Address: 340 Thornridge Dr. NW
Grand Rapids, MI 49504

Facility Telephone #: (616) 272-4984
06/25/2010

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/25/2010	Enrollment
07/01/2010	Application Incomplete Letter Sent
07/15/2010	Contact - Document Received
07/19/2010	Application Complete/On-site Needed
07/19/2010	File Transferred To Field Office Grand Rapids
07/26/2010	Application Incomplete Letter Sent
09/14/2010	Contact - Document Received
09/28/2010	Application Incomplete Letter Sent
10/19/2010	Contact - Document Received
10/21/2010	Application Incomplete Letter Sent
12/15/2010	Contact - Document Received
12/21/2010	Application Incomplete Letter Sent
01/11/2011	Inspection Completed-BCAL Sub. Compliance
01/11/2011	Contact - Document Received
01/21/2011	Contact - Telephone call made Returned call from Ken Barno.
02/03/2011	Contact - Telephone call received From Ken Barno.
02/04/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This newly constructed ranch has a brick and vinyl front with garden windows in the basement. It is located on the northwest side of Grand Rapids adjacent to a public bus line. All six resident bedrooms are on the main level. A basement bedroom is reserved for a live-in direct care worker. There are two stairwells offering egress from the basement. A relief staff bedroom is located on the main floor. There is no second floor.

Each resident bedroom has its own half bathroom. There are also three full bathrooms on the main floor for general use. The basement offers a full bath plus a half bath. The main floor has a living and dining area. The basement has a recreation room as well as a separate living/dining area. The kitchen is located on the main floor. The home has two approved wheelchair ramps and is wheelchair assessable. The facility is served by public water and sewer.

The gas furnace and hot water heaters are located in basement 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 is fully operational. An interconnected heat detector is present in the kitchen.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'3" x 13'1" minus 5'10" x 2' 0"	135.49	1
2	11'3" x 13'1" minus 5'10" x 2' 0"	135.49	1
3	11'3" x 13'1" minus 5'10" x 2' 0"	135.49	1
4	11'3" x 13'1" minus 5'10" x 2' 0"	135.49	1
5	10'9" x 15' 2" minus 5'10" x 2'0"	151.41	1
6	10'9" x 15' 2" minus 5'10" x 2'0"	151.41	1

The living and dining room areas measure a total of 433.28 square feet of living space. The amount of space complies with 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

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male adults whose diagnosis is developmentally disabled, 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 Contract agencies and Kent County-DHS. The applicant plans on applying for special certification status after obtaining an AFC license.

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 arrange transportation for day programs and will transport residents to medical appointments. 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 Covenant Enabling Residences of Michigan, Inc., which is a "Non Profit Corporation" established in Michigan on 03/10/1999. 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 Covenant Enabling Residences of Michigan, Inc. has submitted documentation appointing Kenneth Barno as Licensee Designee and Administrator for this 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 his good health and current TB-tine negative results.

The licensee designee/administrator has 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 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this

facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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.

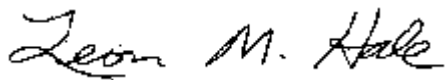
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 license to this AFC small group home (capacity 1-6).

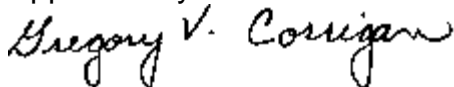


02/04/2011

Leon M. Hale
Licensing Consultant

Date

Approved By:



02/07/2011

Greg Corrigan
Area Manager

Date