



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 4, 2011

Teresa Tiesma
Hope Network West Michigan
PO Box 0141
Grand Rapids, MI 49501

RE: Application #: AS410311897
Kinney Home
2210 Kinney Street N.W.
Walker, MI 49504

Dear Ms. Tiesma:

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.

Sincerely,

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 #: AS410311897

Applicant Name: Hope Network West Michigan

Applicant Address: 781 36th Street SE
Grand Rapids, MI 49508

Applicant Telephone #: (616) 248-5900

Administrator/Licensee Designee: Teresa Tiesma, Licensee Designee and
Administrator

Name of Facility: Kinney Home

Facility Address: 2210 Kinney Street N.W.
Walker, MI 49504

Facility Telephone #: (616) 805-5137
01/10/2011

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/10/2011	Enrollment
01/13/2011	Contact - Document Sent Rule & ACT Books
01/13/2011	File Transferred To Field Office Grand Rapids
01/18/2011	Application Incomplete Letter Sent
01/18/2011	Contact - Telephone call made to the applicant (Licensee Designee). She stated that they are remolding the home for Prader-Willi residents and therefore are enclosing the kitchen and they are converting the current pantry to a medication room.
02/25/2011	Contact - Face to Face With Licensee Designee, Teresa Tiesma.
03/01/2011	SC-Application Received - Original
03/02/2011	Contact - Document Received Floor plans
03/30/2011	Application Complete/On-site Needed
03/30/2011	Inspection Completed On-site
03/30/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The beautifully decorated home is a ranch style located in the subdivision of Walker. The two stall garage is attached to the home. There is a porch overlooking the large front yard. Off the family room is a patio with a large fenced in back yard. The main floor consist of a living room, family room connected to the dining room, kitchen, laundry room, office, medication room, two full baths, an exercise room and three resident bedrooms. The home is wheelchair accessible and has 2 approved means of egress, without ramps because the entry ways are at ground level with the home. There is a full basement which will not be used by the residents. The home will utilize the public water and sewer systems.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching

hardware located at top/bottom of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout 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	15.33 x 11.25	173	2
3	10.75 x 14.66	158	2
4	11.25 x 14.58	164	2

The living, dining, exercise room and family room areas measure a total of 901 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 Licensee Hope Network West Michigan will be using this home for individuals with the diagnosis of Prader-Willi Syndrome.

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 **six (6)** male or female ambulatory 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 any County-DHS, any County CMH, as a referral source and they will accept private pay individuals.

The Licensee, Hope Network West Michigan has designed specific activities and functions for the individuals who have the Prader Willi Syndrome diagnosis. The home has specialized exercise equipment including a tread-mill and an elliptical exercise machine along with exercise DVD's. They are planning on having a YMCA membership, where residents can use all of equipment and the swimming pool.

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.

This home had been licensed under the corporation Spectrum Community Services as a six bed small group home License number AS410014864 from 06/09/1993 until 01/25/2011 under the name of Kinney Road and Kinney Road AIS/MR names.

The agency has applied for Certifications for a specialized program for providing care for Persons with Developmental Disabilities.

C. Applicant and Administrator Qualifications

The applicant is Hope Network West Michigan, Inc., which is a "Domestic Non Profit Corporation" which was established in Michigan, on 12/23/1996. 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 Hope Network West Michigan, Inc. have submitted documentation appointing Teresa Tiesma as Licensee Designee and the 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 their 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 one (1) staff –to- six (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 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 residents' 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 six-month temporary license to this adult foster care small group home (capacity 1 - 6).

Arlene B. Smith

03/31/2011

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

04/04/2011

Gregory V. Corrigan
Area Manager

Date