



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

April 15, 2011

David Kennedy  
Kennedy House LLC  
1623 High Street  
Traverse City, MI 49684

RE: Application #: AS280310677  
Kennedy House West  
3282 Zimmerman Road  
Traverse City, MI 49685

Dear Mr. Kennedy:

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 (231) 922-5309.

Sincerely,

Rhonda Richards, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5475

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS280310677

**Applicant Name:** Kennedy House LLC

**Applicant Address:** 1623 High Street  
Traverse City, MI 49684

**Applicant Telephone #:** 231-935-1562

**Administrator/Licensee Designee:** David Kennedy

**Name of Facility:** Kennedy House West

**Facility Address:** 3282 Zimmerman Road  
Traverse City, MI 49685

**Facility Telephone #:** (231) 499-9769  
10/05/2010

**Application Date:**

**Capacity:** 6

**Program Type:** AGED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

10/05/2010	Enrollment
11/15/2010	Inspection Completed-Env. Health : A
11/30/2010	Application Incomplete Letter Sent
12/01/2010	Application Complete/On-site Needed
12/02/2010	Inspection Completed On-site
12/16/2010	Inspection Completed – BFS Full compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a bi-level home with an attached two-car garage. The facility is located approximately four miles west of Traverse City in a rural setting. It is conveniently located to make use of city services including medical services, shopping, recreation and educational programs, as well as public transportation.

There are four resident bedrooms which are located on the main floor and three full bathrooms. There is a living, dining, and kitchen area located just east of the resident bedrooms. The administrator's private living quarters are located on the lower level. The home is not approved for residents who require a wheelchair or have mobility impairments. The facility has a private well and septic system. An environmental health inspection was conducted on 11/15/2010. The sanitarian determined the facility to be in substantial compliance with applicable rules.

The 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 the bottom of stairs. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'4"x12'	196	2
2	9'7"x11'12"	101	1
3	13'4"x11'3"	149	1
4	15'x13'4"	200	2

The living, dining, and sitting room areas measure a total of 410 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 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 six male or female ambulatory adults whose diagnosis is developmental disability or mental illness in the least restrictive environment possible. The program will be based on individual needs and may include social interaction, personal hygiene, personal adjustment, and public safety skills. A personal behavior support will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Grand Traverse County-DHS or Northern Lakes CMH 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 Kennedy House West, L.L.C., which is a "Domestic Limited Liability Company" was established in Michigan, on 01/04/2011. 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 members of Kennedy House West of L.L.C. have submitted documentation appointing David Kennedy as Licensee Designee for this facility and David Kennedy as the Administrator of the facility.

A criminal history background check was conducted for the licensee designee/administrator. The licensee designee/administrator has been determined to be of good moral character. 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 six bed facility is adequate and includes a minimum of one staff to six 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](http://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 small group home (capacity 1 - 6).

*Rhonda Richards*

4/15/11

Rhonda Richards  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

4/15/11

Betsy Montgomery  
Area Manager

Date