



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 9, 2011

Hermenitt, Katherine & Bryan
5640 N. Riverview
Kalamazoo, MI 49004

RE: Application #: AF390313302
Growing Grace
5640 N. Riverview Drive
Kalamazoo, MI 49004

Dear Katherine & Bryan Hermenitt:

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 (269) 337-5066.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 337-5028

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390313302
Applicant Name:	Hermentitt, Katherine & Bryan
Applicant Address:	5640 N. Riverview Kalamazoo, MI 49004
Applicant Telephone #:	(269) 385-9345
Administrator/Licensee Designee:	N/A
Name of Facility:	Growing Grace
Facility Address:	5640 N. Riverview Drive Kalamazoo, MI 49004
Facility Telephone #:	(269) 385-9345 04/25/2011
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/25/2011	Enrollment
04/28/2011	PSOR on Address Completed
04/28/2011	Contact - Document Sent Rules & Act booklets
04/28/2011	Inspection Report Requested - Health Inv. #1018678
04/28/2011	Application Incomplete Letter Sent 1326 for Thomas Hermenitt (Responsible Person)
05/05/2011	Contact - Document Received 1326 for Thomas Hermenitt
05/05/2011	Licensing Unit file referred for criminal history review - Specified Crime to Mary Holton
05/11/2011	Application Incomplete Letter Sent GMC Letter sent.
05/20/2011	Inspection Completed-Environmental Health : A
06/13/2011	File Transferred To Field Office Kalamazoo
06/21/2011	Application Incomplete Letter Sent
07/27/2011	Inspection Completed On-site
08/08/2011	Inspection Completed-BCAL Full Compliance
08/08/2011	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story home with a finished basement located on a large piece of property in a suburban area. Riverview Drive is heavily trafficked but the home sits a distance back from the road.

The front porch and back deck have steps to enter and exit, and resident bedrooms are located on the second floor. Prospective residents will need to be ambulatory.

Four resident bedrooms and two full bathrooms are located on the second floor. Two bedrooms will house one resident each, and two bedrooms will house two each, for a total capacity of six.

The main floor contains a kitchen, dining room, living room, and separate living quarters for the applicants. The basement does contain a living area, but will only be used by residents for weather emergencies.

On May 11, 2011 Kalamazoo County Environmental Health sanitarian gave the private water supply and sewage systems an "A" rating, indicating substantial compliance with applicable rules.

This facility has a hardwired and interconnected smoke detection system, which was demonstrated to be working properly during the on-site inspection. This system exceeds the requirements for adult foster care family homes.

The applicants have provided documentation that all wall coverings meet Class C (or III) requirements. A gas fireplace has been inspected and found to be in safe operating condition, so may be used if the applicants choose to do so. This home has two means of egress from the main floor, and an evacuation plan has been developed and posted. A telephone is available for emergencies. The applicants have demonstrated compliance with adult foster care family home fire safety rules.

B. Program Description

This home is owned by a corporation and leased to Bryan and Katherine Hermenitt to operate as an adult foster care family home. The corporation has a network of homes operated in similar fashion throughout the county.

Mr. & Mrs. Hermenitt have applied to care for males with a primary diagnosis of developmental disability. They will be the primary caregivers, with the assistance of a responsible person if necessary. They are agreeable to providing transportation to residents if necessary, and hope that residents will want to be involved in community activities.

Mr. & Mrs. Hermenitt and their responsible person have all submitted medical record clearances and current TB test results. All three have submitted License Record Clearances and have been approved by BCAL to operate an adult foster care home.

Mr. & Mrs. Hermenitt expect the foster home to be self-supporting through resident payments.

House rules were reviewed with the applicants and revisions made to bring the rules into compliance with resident rights. Technical assistance was provided to the applicants on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

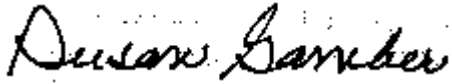
At this time the applicants do not employ or contract with any persons but are aware of the statutory requirements pertaining to the hiring or contracting of persons who provide direct services to residents and obtaining fingerprints.

C. Rule/Statutory Violations

The applicants are found to be in substantial compliance with the licensing act and applicable administrative rules. Evaluation of quality of care rules will occur once residents are in care.

IV. RECOMMENDATION

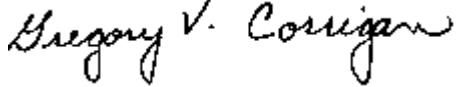
I recommend issuance of a temporary adult foster care family home license for a period of six months.



Susan Gamber
Licensing Consultant

August 9, 2011
Date

Approved By:



Gregory V. Corrigan
Area Manager

August 9, 2011
Date