



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

December 2, 2011

Tenagne Mengistu  
604 Jefferson Avenue SE  
Grand Rapids, MI 49503

RE: Application #: AF410315360  
Emmanuel  
604 Jefferson Avenue SE  
Grand Rapids, MI 49503

Dear Ms. Mengistu:

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 4 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

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Grant Sutton, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 356-0117

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410315360
<b>Applicant Name:</b>	Tenagne Mengistu
<b>Applicant Address:</b>	604 Jefferson Avenue SE Grand Rapids, MI 49503
<b>Applicant Telephone #:</b>	(616) 589-4609
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Emmanuel
<b>Facility Address:</b>	604 Jefferson Avenue SE Grand Rapids, MI 49503
<b>Facility Telephone #:</b>	(616) 589-4609
<b>Application Date:</b>	09/19/2011
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

09/19/2011	Enrollment
09/23/2011	PSOR on Address Completed
09/23/2011	Contact - Document Sent Rules & Act booklets
09/27/2011	Comment Application received in GR
09/28/2011	Application Incomplete Letter Sent
10/27/2011	Inspection Completed On-site
12/01/2011	Inspection Completed-BCAL Full Compliance Re-inspection

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-story home of newer construction located in a neighborhood of older but similarly constructed homes in Southeast Grand Rapids within walking distance of Saint Mary's Hospital. The main floor consists of a living and dining room, kitchen, laundry room and ½ bathroom. The second level consists of two resident bedrooms, one bedroom for the licensee and her husband, and a full bathroom. The licensee may utilize what is currently her bedroom as a resident bedroom in the future. The finished basement has a sitting room, bedroom, bathroom and a utilities room. The basement is not approved for use by the residents. The home utilizes public water and sewer through the city of Grand Rapids.

The gas powered 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. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of 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	10' x 13'	130 sq. ft.	2
2	10' x 13'	130 sq. ft.	2

The living, dining, and sitting room areas measure a total of 276 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 four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from network 180 (coordinated by Thresholds) 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with savings and a line of credit.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 4 bed family home, there is adequate supervision with 1 responsible person on-site -for- 4 residents. The applicant acknowledges that the number of responsible persons on-site -to- resident

ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 her responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if she is to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges her responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 her 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 her 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 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 her 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

#### **D. Rules or 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 family home (capacity 4).



12/02/2011

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Grant Sutton, Licensing Consultant      Date

Approved By:



12/02/2011

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Jerry Hendrick, Area Manager      Date