



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

January 4, 2012

Kenneth Nelson  
Nelson Homes Inc  
6631 Rollingview Drive  
Hudsonville, MI 49426

RE: Application #: AM410310393  
Robert Residence  
3601 Minnie SW  
Wyoming, MI 49519

Dear Mr. Nelson:

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 11 is issued effective 01/04/2012 through 07/03/2012.

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**

**License #:** AM410310393

**Applicant Name:** Nelson Homes Inc

**Applicant Address:** 6631 Rollingview Drive  
Hudsonville, MI 49426

**Applicant Telephone #:** (616) 662-6649

**Administrator/Licensee Designee:** Kenneth Nelson, Designee  
Shari Nelson, Administrator

**Name of Facility:** Robert Residence

**Facility Address:** 3601 Minnie SW  
Wyoming, MI 49519

**Facility Telephone #:** (616) 531-2622

**Application Date:** 09/08/2010

**Capacity:** 11

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

## II. METHODOLOGY

09/08/2010	Enrollment
09/22/2010	Contact - Document Sent Rules & Act booklets
09/22/2010	Inspection Report Requested - Health Inv. #1017879
09/22/2010	Inspection Report Requested - Fire
09/22/2010	Contact - Document Sent Rules & Act booklets
09/22/2010	Application Incomplete Letter Sent App - need ages
10/22/2010	Inspection Completed-Env. Health : B
12/16/2010	Contact - Document Received Completed Application
12/21/2010	Application Complete/On-site Needed
12/21/2010	File Transferred To Field Office Grand Rapids
12/27/2010	Comment Application received in GR
01/03/2011	Contact - Telephone call made Left message with applicant regarding scheduling inspection.
01/06/2011	Contact - Document Received Plan review-disapproval (initial fire safety review)
01/06/2011	Contact - Telephone call made Applicant; reviewed fire safety {initial} plan disapproval
01/31/2011	Contact - Telephone call made Left message regarding status of application.
02/01/2011	Contact - Telephone call received Applicant; working on issues addressed by fire safety
08/30/2011	Application Incomplete Letter Sent
09/02/2011	Inspection Completed-BCAL Sub. Compliance

09/02/2011	Contact - Telephone call made Plan review in Lansing; status?
09/07/2011	Contact - Telephone call received Fire Marshall waiting for fire alarm plans
09/09/2011	Contact - Telephone call made Applicant; working with Fire Pros to draw up plans for fire alarms
09/21/2011	Inspection Completed-Env. Health: A Re-inspection
10/21/2011	Contact - Telephone call made Applicant; continuing to work with Fire Pros
11/28/2011	Contact - Telephone call received Applicant; status?
11/28/2011	Contact - Telephone call made Fire Safety/Lansing; review(s) complete, sent to local office
11/29/2011	Contact - Telephone call made Local Fire Marshall; final report with full approval forthcoming?
12/01/2011	Inspection Completed-Fire Safety: A
12/05/2011	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a ranch style home located in an area of similarly constructed homes in the city of Wyoming. The main floor consists of a living room, kitchen, dining area, sitting area, two full bathrooms, a bedroom that is currently used by the live-in staff and five resident bedrooms. The laundry facilities and utilities are located in the basement. The basement is not approved for use by the residents. The facility is not wheelchair accessible. The facility utilizes public water and sewer systems through the city of Wyoming.

The gas furnace and hot water heater are located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs to the basement. The facility is equipped with an approved pull station alarm system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 10'2"	130 sq. ft.	2
2	12'8" x 10'4"	130 sq. ft.	2
3	16'7" x 11'9"	195 sq. ft.	3
4	12'8" x 10'4"	130 sq. ft.	2
5	13' x 10'2"	130 sq. ft.	2

The living, dining and sitting room areas measure a total of 474 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 **eleven** (11) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility was previously licensed as a medium group home, Robert Residence, license #AM410008750.

## **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 **eleven** (11) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from network 180 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 work with the resident, guardian, and responsible agency to assure the availability of 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 Nelson Homes, Inc. with is a “For Profit Corporation” which was established in Michigan on 08/20/1990. The applicant established and submitted an annual budget projecting expenses and annual income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Nelson Homes, Inc. has submitted documentation appointing Kenneth Nelson as licensee designee and Shari Nelson as the administrator of the facility.

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

The licensee designee and administrator have 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 11 bed facility is adequate and includes a minimum of 1 staff -to- 11 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](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 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.

**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 medium group home (capacity 11).



01/04/2012

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Grant Sutton  
Licensing Consultant

Date

Approved By:



01/04/2012

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Jerry Hendrick  
Area Manager

Date