



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 6, 2012

Joanna Gonyer
Gonyer Home Adult Foster Care LLC
5694 Gonyer Rd.
Fife Lake, MI 49633

RE: Application #: AM400310461
Gonyer's AFC
5568 Gonyer Road
Fife Lake, MI 49633

Dear Joanna Gonyer:

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 8 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 (517) 241-2585.

Sincerely,

Bruce A. Messer, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5470

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM400310461
Applicant Name:	Gonyer Home Adult Foster Care LLC
Applicant Address:	5694 Gonyer Rd. Fife Lake, MI 49633
Applicant Telephone #:	(231) 897-3627
Licensee Designee:	Joanna Gonyer
Administrator:	Joanna Gonyer
Name of Facility:	Gonyer's AFC
Facility Address:	5568 Gonyer Road Fife Lake, MI 49633
Facility Telephone #:	(231) 879-4190
Application Date:	09/15/2010
Capacity:	8
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/15/2010	Enrollment
10/25/2010	Inspection Completed-Env. Health : A
12/03/2010	Application Incomplete Letter Sent
09/16/2011	SC-Application Received - Original
12/01/2011	Inspection Completed On-site
12/01/2011	Application Complete/On-site Needed
12/02/2011	Inspection Report Requested - Health
12/06/2011	Inspection Completed-Fire Safety : A
12/13/2011	Inspection Completed-Env. Health: A
01/04/2012	Inspection Completed-BCAL Full Compliance
01/04/2012	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Gonyer's Adult Foster Care home is a large ranch style structure specifically designed to be an AFC home. It has two resident bedroom "wings" on each side of a large living/dining room area. Each "wing" has four resident bedrooms and a full bathroom for resident use. A large kitchen and breakfast nook is situated off the dining room area. Staff rest areas, laundry and an office are all located off the kitchen. The home is located in a quiet rural setting near Fife Lake. The home is surrounded by small farms, large expanses of woodlands, rolling hills and small streams. Opportunities for recreation, shopping, and religious services are all located in the communities of Cadillac and Traverse City, both approximately 30 minute drive away. Medical, social service and mental health resources are also available in these two locations.

The furnace and hot water heater are located in the crawlspace, which is only accessible via an outside doorway opening. The facility is equipped with interconnected, hardwired 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.

On December 6, 2011, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On December 13, 2011, the home was inspected by the District Health Department #10 in Kalkaska who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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 ft. X 10 ft.	100	1
2	10 ft. X 10 ft.	100	1
3	10 ft. X 10 ft.	100	1
4	10 ft. X 10 ft.	100	1
5	10 ft. X 10 ft.	100	1
6	10 ft. X 10 ft.	100	1
7	10 ft. X 10 ft.	100	1
9	10 ft. X 10 ft.	100	1

The living, dining, and sitting room areas measure a total of 690 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate eight (8) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home exits are not equipped with ramps; therefore, residents regularly requiring the use of a wheelchair are not to be admitted to this facility.

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 eight (8) male or female ambulatory adults who are aged or who are diagnosed with a mental illness or a developmental disability, in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for developmentally disabled residents will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the resident's individual plan of service.

The applicant has managed and is currently operating adult foster care facilities with the same resident population as indicated above. These homes have a special certification to serve the MI/DD populations and have residents placed by local community mental health agencies under service contracts. The applicant currently meets all of the training, education and experience requirements needed to operate such a facility.

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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's outside employment.

A criminal history background check was conducted for the applicant and administrator. They have been determined to be of good moral character. The applicant and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 eight (8) bed facility is adequate and includes a minimum of 1 staff –to- 8 residents per shift during awake hours and 1 staff –to-8 residents during sleeping hours. All staff shall 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 facilities 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 training suitability and qualification 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident’s file.

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.

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 accidents and incidents and the responsibility to conduct

