



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

January 27, 2012

Nancy Beach  
Valley Residential Serv Inc  
P O Box 186  
St Charles, MI 48655-0186

RE: Application #: AS730315956  
Liberty Home  
3821 Chevel  
Bridgeport, MI 48722

Dear Ms. Beach:

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 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,

Diane L Stier, Licensing Consultant  
Bureau of Children and Adult Licensing  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 772-8479

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS730315956

**Applicant Name:** Valley Residential Serv Inc

**Applicant Address:** 300 S Saginaw  
St. Charles, MI 48655

**Applicant Telephone #:** (989) 865-9997

**Administrator/Licensee Designee:** Nancy Beach, Designee

**Name of Facility:** Liberty Home

**Facility Address:** 3821 Chevel  
Bridgeport, MI 48722

**Facility Telephone #:** (989) 865-8595

**Application Date:** 10/10/2011

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

|            |   |
|------------|---|
| 10/10/2011 | Enrollment  |
| 11/04/2011 | Comment<br>app rec'd in GR / file created/ forwarded to Saginaw |
| 11/14/2011 | Application Incomplete Letter Sent                              |
| 01/25/2012 | Application Complete – On-site needed                           |
| 01/26/2012 | Inspection Completed On-site                                    |
| 01/26/2012 | Inspection Completed-BCAL Full Compliance                       |
| 01/26/2012 | Exit Conference   |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

This property is owned by Saginaw County Community Mental Health Authority, which has contracted with the applicant, Valley Residential Services, Inc., to operate this home as a licensed AFC group home for persons with mental illness and/or developmental disability. A copy of the contract and warranty deed is on file. This home was previously licensed to Central State Community Services.

This single-story ranch home on a concrete slab is located near I-75 off the intersection of Dixie Highway and State Road, in a residential area. The home is barrier free and may accept as residents individuals who require the use of a wheelchair. The home has three semi-private bedrooms, a sitting room, large living room and dining area, kitchen, laundry room, office, full bathroom with wheelchair-accessible shower, and half bath. The back yard is enclosed by a chain-link fence with drive-through gates.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating, accessed only from outside through a fire-rated door which is kept locked. The heating and air-conditioning system was inspected on 01/20/2012. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The home is also equipped with an automatic sprinkler system, and two fire extinguishers are in place in the home. The alarm and sprinkler systems were inspected on 01/24/2012. The home's electrical system was inspected on 01/18/2012.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 11.2' x 14'     | 157 sq.ft.           | 2                   |
| 2         | 11.2' x 15.5'   | 174 sq.ft.           | 2                   |
| 3         | 11.2' x 14.5'   | 162 sq.ft.           | 2                   |

The living, dining, and sitting room areas measure a total of 575 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 **six (6)** 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 (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Saginaw County Community Mental Health Authority.

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, Valley Resident Services, Inc., is a "Non Profit Corporation" which was established in Michigan, on 9/16/1986. 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 applicant also has a contract in place with Saginaw County Community Mental Health Authority.

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 six-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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. In addition, 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 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 temporary license to this adult foster care small group home (capacity 6).



Diane L Stier  
Licensing Consultant

January 27, 2012

Date

Approved By:



01/27/2012

Jerry Hendrick  
Area Manager

Date