



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

January 26, 2012

Randolph Scholtus  
West Shore AFC Homes, L.L.C.  
4040 Co. Road 633  
P.O. Box 128  
Grawn, MI 49637

RE: Application #: AL280312738  
West Shore AFC Home, LLC  
2651 Leaf Lane  
Grawn, MI 49637

Dear Mr. Scholtus:

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 14 is issued.

Attached is the Original Licensing Study Report for the above referenced facility. The 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,

Rhonda Richards, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5475

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AL280312738                              |
| <b>Applicant Name:</b>                  | West Shore AFC Homes, L.L.C.             |
| <b>Applicant Address:</b>               | 2651 Leaf Lane<br>Grawn, MI 49637        |
| <b>Applicant Telephone #:</b>           | (231) 276-9434                           |
| <b>Administrator/Licensee Designee:</b> | Randolph Scholtus                        |
| <b>Name of Facility:</b>                | West Shore AFC Home, LLC                 |
| <b>Facility Address:</b>                | 2651 Leaf Lane<br>Grawn, MI 49637        |
| <b>Facility Telephone #:</b>            | (231) 276-9797                           |
| <b>Application Date:</b>                | 03/14/2011                               |
| <b>Capacity:</b>                        | 14                                       |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODOLOGY

|            |   |
|------------|---|
| 03/14/2011 | Enrollment                                |
| 04/05/2011 | Application Incomplete Letter Sent        |
| 06/14/2011 | Inspection Completed-Env. Health : A      |
| 11/21/2011 | Inspection Completed-Fire Safety : A      |
| 12/01/2011 | Inspection Completed On-site              |
| 12/01/2011 | Inspection Completed-BCAL Full Compliance |
| 12/01/2011 | SC-Application Received - Original        |
| 01/17/2012 | SC-ORR Response Requested                 |
| 01/17/2012 | SC-ORR Response Received-Approval         |
| 01/17/2012 | SC-Recommend MI and DD                    |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a one story home located in Grawn in a rural setting with access to public transportation. Shopping and medical services are nearby. The facility consists of a kitchen, dining room, and living room, three full bathrooms, and one non-resident bathroom. The home is not approved for residents who require a wheelchair or have mobility impairments. The home has a private well and septic system.

The geothermal furnace and hot water heater are located in the main floor mechanical room 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 approved pull station alarm system and a sprinkled system installed throughout the facility. On 11/21/2011, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On 06/14/2011, the home was inspected by the Grand Traverse County Health Department 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         | 13'6"x11'8"     | 107                  | 1                   |

|    |                          |     |   |
|----|--------------------------|-----|---|
| 2  | 13'6"x11'8"              | 107 | 1 |
| 3  | 13'6"x11'8"              | 107 | 1 |
| 4  | 13'6"x11'8"              | 107 | 1 |
| 5  | 13'6"x11'8"              | 107 | 1 |
| 6  | 11'10"x13'5"             | 158 | 2 |
| 7  | 11'5"x13'5"              | 136 | 1 |
| 8  | 8'11"x13'5"              | 106 | 1 |
| 9  | 9'7"x13'5"               | 115 | 1 |
| 10 | 17'10"x16'9"             | 261 | 2 |
| 11 | 10'5"x11'5"<br>4'7"x9'6" | 162 | 2 |

The living, dining, and sitting room areas measure a total of 907 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 14 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 14 male or female ambulatory adults who are diagnosed with a mental illness or a developmental disability in the least restrictive environment possible.

The program 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. The applicant intends to accept residents from Northern Lakes Community Mental health.

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 transportation arrangements 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 is West Shore AFC Homes L.L.C., which is a “Domestic Limited Liability Company”, established in Michigan on 07/28/1994. 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 Board of Directors of the L.L.C. has submitted documentation appointing Randy Scholtus as licensee designee and administrator of the facility.

A criminal history background check was conducted for the licensee designee/administrator. He has been determined to be of good moral character. The licensee designee/administrator submitted a statement from a physician documenting his 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 14 bed facility is adequate and includes a minimum of two staff members to 14 residents per shift . All staff members shall be awake during sleeping hours.

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](http://www.miltcpartnership.org)), 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 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 an immediate investigation of the cause. The applicant has indicated their 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 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 resident's personal money transactions that have been agreed to be managed by the applicant.

#### **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 large group home (capacity 1 - 14).

*Rhonda Richards*

01/26/2012

Rhonda Richards  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

1/26/12

Betsy Montgomery  
Area Manager

Date