



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 26, 2012

Kevin Oosterhouse
Hope Network West Michigan
PO Box 0141
Grand Rapids, MI 49501

RE: Application #: AS410317809
Paragon
649 Spaulding SE
Grand Rapids, MI 49546

Dear Mr. Oosterhouse:

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,

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 356-0116
New telephone # (616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410317809

Applicant Name: Hope Network West Michigan

Applicant Address: 781 36th Street SE
Grand Rapids, MI 49508

Applicant Telephone #: (616) 248-5900

Administrator/Licensee Designee: Kevin Oosterhouse, Licensee
Designee/Administrator

Name of Facility: Paragon

Facility Address: 649 Spaulding SE
Grand Rapids, MI 49546

Facility Telephone #: (616) 719-2861

Application Date: 03/26/2012

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/26/2012	Enrollment
03/28/2012	Contact - Document Sent Rule & ACT Books
03/28/2012	File Transferred To Field Office Grand Rapids
03/30/2012	Comment app rec'd in GR; forwarded to Mel
03/30/2012	Application Incomplete Letter Sent
04/11/2012	Contact - Telephone call received with the Licensee Designee, Kevin Oosterhouse.
04/17/2012	Contact - Telephone call received with Michelle Kirby.
04/23/2012	Contact - Telephone call received from Michelle Kirby, stating the house will be ready for inspection on 04/25/2012. We set in inspection for the afternoon of 04/25/2012.
04/25/2012	Inspection Completed On-site
04/25/2012	Inspection Completed-BCAL Full Compliance
04/25/2012	Application Complete/On-site Needed
04/26/2012	Contact - Telephone call received from Michelle Kirby about what they are doing for repairs at the home.
04/26/2012	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This recently remodeled stick-built ranch style home is located in the city of Grand Rapids. The home has a full basement which will not be used by the residents. On the main floor there is a full kitchen, laundry room, medication room, office, large dining room and large living room. There are also four resident bedrooms and two full bathrooms. There is a cement deck off the back of the home and the back yard is fenced in. The home has an attached garage.

The home is wheelchair accessible with entrances on the main floor at ground level. There are 2 approved means of egress. The home will utilize public and water and sewage.

The gas 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 located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout the home.

This home has been a licensed Adult Foster Care home under Spectrum Community Services since 06/08/1993 and it has been called Spaulding Residence and Spaulding AFC with a license number of AS410014950.

The licensee has applied for a Special Certification for individuals who are diagnosed with a developmentally disability and/or with a mental illness.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	10'8" x 15'	160.99	2
Bedroom 2	10'11" x 15'	165.39	2
Bedroom 3	9'11" x 14' 10"	147.40	1
Bedroom 4	10'9" x 14' 10"	160.23	1

The living, dining, and sitting room areas measure a total of 860.45 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 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. The applicant intends to accept residents from network 180, former Kent County CMH.

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. The program will provide day programming with outings to local schools, baseball games, bowling, movies, and games of many types.

C. Applicant and Administrator Qualifications

The applicant is Hope Network West Michigan, "Domestic Non Profit Corporation" was established in Michigan, on 12/23/1996. 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 Hope Network West Michigan, Inc. have submitted documentation appointing Kevin Oosterhouse as Licensee Designee for this facility and Kevin Oosterhouse as the Administrator of the facility.

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

The licensee designee/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 (6) bed facility is adequate and includes a minimum of 2 staff -to- 6 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) 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 resident’s 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 (small) group home (capacity 6).

Arlene B. Smith

Arlene B. Smith
Licensing Consultant

04/26/2012
Date

Approved By:

Jerry Hendrick

Jerry Hendrick
Area Manager

04/26/2012
Date