



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

March 21, 2012

Carla Wilkerson  
Spectrum Community Services  
3353 Lousma Dr. S.E.  
Wyoming, MI 49548

RE: Application #: AS410316526  
Alima Home AFC  
547 60th Street  
Kentwood, MI 49548

Dear Mrs. Wilkerson:

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

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410316526

**Applicant Name:** Spectrum Community Services

**Applicant Address:** 3353 Lousma Dr. S.E.  
Wyoming, MI 49548

**Applicant Telephone #:** (616) 241-6258

**Administrator/Licensee Designee:** Carla Wilkerson, Designee

**Name of Facility:** Alima Home AFC

**Facility Address:** 547 60th Street  
Kentwood, MI 49548

**Facility Telephone #:** (616) 241-6258

**Application Date:** 12/08/2011

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

12/08/2011	Enrollment
12/13/2011	Contact - Document Sent Rules & Act booklets
12/13/2011	Application Incomplete Letter Sent
12/16/2011	Contact - Document Received
12/19/2011	Application Incomplete Letter Sent
01/05/2012	Contact - Document Received Completed Application
01/09/2012	Application Complete/On-site Needed
01/09/2012	File Transferred To Field Office Grand Rapids
01/11/2012	Comment app rec'd in Grand Rapids
01/13/2012	Comment I received the file on this date, 01/13/2011
01/13/2012	Application Incomplete Letter Sent
02/16/2012	Contact - Telephone call made Licensee Designee stated that the home was being built and when they got closer they would let me know.
02/28/2012	Contact - Telephone call made They are waiting for the inspectors from the City of Kentwood.
03/13/2012	Contact - Telephone call received Scheduled the inspection.
03/19/2012	SC-Application Received - Original
03/20/2012	Inspection Completed On-site
03/20/2012	Contact - Telephone call made To Licensee Designee, Carla Wilkerson.

### III. DESCRIPTION OF FINDINGS & CONCLUSION

#### A. Physical Description of Facility

This is a newly constructed home located in rural subdivision of the city of Kentwood in a residential neighborhood. The home is within ten minutes of hospital services, pharmacist, physicians, ambulance services, recreational services, shopping and restaurants. The ranch style home was specifically build for Adult Foster Care residents. The main floor has 2700 square feet of living space. The home has an attached two stall garage. Off the back of the home is a cement patio. The main floor of the home has a large living room, dining room, kitchen, laundry room, two full baths, four resident bedrooms that will accommodate two residents each, a medication room, a pantry and an office. The home is wheelchair accessible and has 2 approved means of egress that are at ground level. The home will utilize public water and sewage. The gas furnace and hot water heater are located on the main floor accessible through the garage in an enclosed room with a with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. 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 Licensee has applied for a Special Certification.

This new home will replace the Pierpointe AFC license number AS410015504 which has been operating since 11/10/1993. The six residents of the Pierpointe home will move to the new Alima Home AFC.

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' 5" x15'	156.3	2
Bedroom # 2	10' 11 1/2 ' x15	163.8	2
Bedroom # 3	10' 11 1/2" x 15	163.8	2
Bedroom # 4	10' 11 1/2 " x 15'	163.8	2

The living, dining, and sitting room areas measure a total of 931 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 or non-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 in Kent County-and other CMH's in other counties.

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 is Spectrum Community Services, Inc., which is a "Non Profit Corporation" that was established in Michigan, on 11/18/1988. 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 Spectrum Community Services, Inc. have submitted documentation appointing Carla Wilkerson as Licensee Designee for this facility and 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 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](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 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.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

*Arlene B. Smith*

03/21/2012

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Arlene B. Smith  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

03/21/2012

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Jerry Hendrick  
Area Manager

Date