



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 19, 2013

Rebecca Forbes
130 45th Street
Bloomington, MI 49026

RE: Application #: AS800336566
True Blue AFC
42124 38th Avenue
Paw Paw, MI 49079

Dear Rebecca Forbes:

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 5 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,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800336566
Applicant Name:	Rebecca Forbes
Applicant Address:	130 45th Street Bloomingtondale, MI 49026
Applicant Telephone #:	(269) 521-4500
Administrator/Licensee Designee:	N/A
Name of Facility:	True Blue AFC
Facility Address:	42124 38th Avenue Paw Paw, MI 49079
Facility Telephone #:	(269) 415-0014
Application Date:	09/06/2012
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/06/2012	Enrollment
09/10/2012	Contact - Document Sent Rules & Act booklets
09/11/2012	Inspection Report Requested - Health
09/11/2012	Application Incomplete Letter Sent App - #'s 16, 17 & 21
09/13/2012	Application Complete/On-site Needed
09/18/2012	Application Incomplete Letter Sent
10/29/2012	Inspection Completed-Environmental Health : A
02/04/2013	Contact - Document Received Requested licensing documents received
02/12/2013	Inspection Completed On-site
02/13/2013	Contact - Document Received Email received verifying completion of noncompliances noted during the on-site inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single story ranch style modular home with no basement located in a rural area of Van Buren County. The home has 4 bedrooms that will all be used by residents. There will be 3 single occupancy bedrooms and 1 double occupancy bedroom. The single rooms are at the west end of the home and have a full bathing facility in the hallway available to those residents. The double bedroom is located at the east end of the structure and has a full bathing facility for those residents located within the bedroom. The house has 2 living rooms and a dining room that is connected to the kitchen. The home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 –NW	10'4" X 11'2"	115	1
2 – N center	10'9" X 10'8"	114	1

2 – South	10'4" X 11	113	1
4 - East	14 X 14'5"	201	2

The 2 living rooms and dining room areas measure a total of 804 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility has a private well and septic system. The home received an A rating from the Van Buren County Health Department on 10/23/2012.

The propane furnace is located in a 1 hour fire rated enclosure, along with the laundry equipment. The fire enclosure has a fire rated door in a fully stopped frame with an automatic self-closer attached. The electric water heater is located in another fire rated enclosure within the structure. Double D Heating & Cooling conducted an inspection on 12/10/2012 and found the equipment to be in good working order. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Yarborough Electric conducted an electrical inspection on 01/24/2013 and found the outlets, fire detectors and fixtures to be in good working order.

Based on the above information, it is concluded that this facility can accommodate five (5) 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 five (5) male ambulatory adults whose diagnosis is developmentally disabled, mentally impaired or traumatic brain injured, 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 local county Community Mental Health agencies as a referral source.

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 as identified in the contract with the responsible agency. 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 Rebecca Forbes. Ms. Forbes 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.

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

Ms. Forbes and Mr. Kelly have operated a small group home that is certified to provide specialized programming in Allegan Co. since 2005. They 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 5 bed facility is adequate and includes a minimum of 1 staff to 5 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 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 acknowledges 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 5).



02/15/2013

Donna Konopka
Licensing Consultant

Date

Approved By:



02/19/2013

Jerry Hendrick
Area Manager

Date