



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 6, 2013

Timothy Adams
Braintree Management, Inc.
304 Madison Avenue
Grand Rapids, MI 49503

RE: Application #:	AL700338344 St. James's Gate 12844 Renwood Dr. Holland, MI 49424
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Dear Mr. Adams:

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 15 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,

Elizabeth Elliott, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700338344
Applicant Name:	Braintree Management, Inc.
Applicant Address:	304 Madison Avenue Grand Rapids, MI 49503
Applicant Telephone #:	616-813-5471 or 616-459-9331
Administrator/Licensee Designee:	Timothy Adams, Designee
Name of Facility:	St. James's Gate
Facility Address:	12844 Renwood Dr. Holland, MI 49424
Facility Telephone #:	(616) 459-9331
Application Date:	01/25/2013
Capacity:	15
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

01/25/2013	Enrollment
01/30/2013	Comment Hold Application until notice from consultant.
03/12/2013	Inspection Report Requested - Health 1021353
03/12/2013	File Transferred To Field Office Grand Rapids - per consultant
03/12/2013	Contact - Document Sent Rule & ACT Books
03/14/2013	Comment app rec'd in GR / file forwarded to EE
03/19/2013	Application Incomplete Letter Sent
03/19/2013	Contact - Document Sent Email sent to Stacy Whetstone, LARA re: Fire Inspection.
03/22/2013	Contact - Telephone call received Tim Adams called re: application incomplete letter.
04/03/2013	Inspection Completed-Env. Health : A
04/24/2013	Inspection Completed-Fire Safety : C
04/29/2013	Contact - Document Received Floor Plan received.
05/01/2013	Contact - Telephone call received Tim Adams re: status of the previous license.
05/08/2013	Contact - Document Sent Fire Inspection letter sent.
05/15/2013	Inspection Completed-Fire Safety : C Temporary until July 1, 2013
05/15/2013	Contact - Document Received Received Plan of Correction for Fire Safety rule violations.
06/13/2013	Inspection Completed On-site

06/13/2013	Inspection Completed-BCAL Sub. Compliance
07/01/2013	Application Incomplete Letter Sent
07/09/2013	Contact - Telephone call made TX to Mr. Adams to inform him that the license for the Renwood AFC home has been revoked effective July 9, 2013.
07/31/2013	Inspection Completed Onsite
08/06/2013	Fire Safety Inspection Completed Onsite
08/06/2013	Inspection Completed-BCAL Full Compliance
09/03/2013	Recommend License Issuance
09/03/2013	LSR Generated
09/06/2013	Original License Issued
09/06/2013	LSR Sent

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

St. James' Gate is a walk out ranch style home located in a subdivision in the city of Holland, Michigan. On the main floor of the facility, there are two bedrooms, one resident bedroom with an attached full bathroom, a manager's bedroom and a resident full bathroom. On the second floor of the facility there are six resident bedrooms and two resident bathrooms, one is a half bath off of bedroom #3 and the other is a full bathroom next to the half bath. On the first floor of the facility there is a resident living area, a dining area and a kitchen. On the second floor of the facility there is a large resident living area, a smaller resident living area and an open laundry foyer. This facility is not wheelchair accessible as it is not equipped with 2 approved means of egress for wheelchair users. The facility utilizes public water and public sewer systems.

The gas furnace and hot water heater are located on the main floor kitchen in a room that is constructed of materials that provide a 1-hour-fire-resistance rating 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 backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13X15.75	204.75	3
2	7.66X1.42 & 10.66X10	117.48	1
3	13.92X5.5 & 16.42X8.0	207.92	3
4	4.25X7.92 & 8.83X11.5- 1.75X3.5	129.08	1
5	12.66X6.75 & 2.5X3.33	93.78	1
6	19.66X10.92	214.83	3
7	19.33X10.83	209.3	3

The living, dining, and sitting room areas measure a total of 550.97 square feet of living space. This meets the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **fifteen (15)** 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 **fifteen (15)** 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 Ottawa County-DHS, Ottawa County CMH, or private pay individuals 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. 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 Braintree Management, Inc., which is a "For Profit Corporation" and was established in Michigan, on 01/14/2013. 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 Braintree Management, Inc. has submitted documentation appointing Timothy Adams as Licensee Designee and Administrator of the facility.

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 15 bed facility is adequate and includes a minimum of 1 direct care staff to 15 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 not 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 large group home capacity 15.



09/06/2013

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



09/06/2013

Jerry Hendrick
Area Manager

Date