



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 3, 2014

Rachel Mol and Teunis Mol
3026 Witters Ct.
Portage, MI 49024

RE: Application #: AF390338387
Bethesda Ranch
3026 Witters Ct.
Portage, MI 49024

Dear Rachel and Teunis Mol:

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,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390338387
Applicant Name:	Rachel Mol and Teunis Mol
Applicant Address:	3026 Witters Ct. Portage, MI 49024
Applicant Telephone #:	(269) 903-2237
Administrator/Licensee Designee:	N/A
Name of Facility:	Bethesda Ranch
Facility Address:	3026 Witters Ct. Portage, MI 49024
Facility Telephone #:	(269) 903-2237
Application Date:	01/29/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/29/2013	Enrollment
01/31/2013	Inspection Report Requested - Health 1021164
01/31/2013	Contact - Document Sent Rule & ACT Books
01/31/2013	Application Incomplete Letter Sent Page 3 of application sent back for completion & 1326's for John & Kaarli Kleppe (responsible people)
01/31/2013	PSOR on Address Completed
02/11/2013	Contact - Document Received Completed Application & 1326's for Kaarli & John Kleppe
02/12/2013	Inspection Completed-Env. Health : D
02/13/2013	Application Incomplete Letter Sent 1326 for Kaarli Kleppe returned for copy of SS card
02/28/2013	Contact - Document Received 1326 for Kaarli Kleppe
03/04/2013	Application Complete/On-site Needed
03/04/2013	File Transferred To Field Office Kalamazoo
04/17/2013	Inspection Completed On-site
04/17/2013	Inspection Completed-BCAL Sub. Compliance
04/18/2013	Application Incomplete Letter Sent
05/21/2013	Inspection Report Requested - Health reinspect due to prior unapproved septic system
05/24/2013	Inspection Completed-Env. Health : A
12/27/2013	Inspection Completed On-site
01/03/2013	Inspection Completed On-site.
01/03/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a ranch style home with a lower level walk-out and attached 2-car garage. It is located on a small lake in a suburban area of Portage, MI. Applicants Rachel and Teunis Mol and their 5 children are occupants of the home. The 1st floor has a kitchen, dining room, living room, 1 full bathroom and 3 bedrooms. The applicants hired a licensed builder who constructed a large addition to the original lower level walk out. On file is a copy of a certificate of occupancy for the addition that was issued by a City of Portage building code official. Residents will occupy the lower level which includes 5 resident bedrooms, 3 bedrooms for the licensees and their family, living room, kitchen, dining room, 2 mechanical rooms and 3 full bathrooms. The lower level has 3 means of egress that are all wheelchair accessible.

On file is verification that applicant Rachel Mol owns the property.

On-site inspections verified compliance with rules pertaining to environmental health. It has private well water and a private sewage system that were both approved by the local health department (report on file).

On-site inspections verified compliance with rules pertaining to fire safety. There are 2 gas-fired furnaces, 1 gas-fired water heater, and 1 electric water heater located on the lower level. Floor separation includes an approved fire door with an automatic self-closing device located at the top of the interior stairway. The facility is equipped with an interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	7' by 11'	77	1
2	7' by 11'	77	1
3	7' by 11'	77	1
4	7' by 11'	77	1
5	7' by 11'	77	1

The living, dining, and sitting room areas measure a total of 2,150 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 **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to six (5) residents, who have been diagnosed with a developmental disability.

Emergency transportation is available by dialing 911. Other transportation services can be specified in the resident care agreement.

C. Applicant and Responsible Person Qualifications

Live scan fingerprints were completed with no criminal convictions recorded for the applicants. A licensing record clearance request was completed with no LEIN convictions for 2 responsible persons. The applicants and 2 responsible persons submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents and the financial information submitted on their application.

The supervision of residents in this family home licensed for five (5) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicants have indicated that for the original license of this 5 bed family home, there is adequate supervision with at least 1 responsible person on-site -for- 5 residents. The applicant acknowledges that the number of responsible persons on-site -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicants acknowledged an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicants 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 applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants have 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 applicants acknowledge their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicants acknowledge that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicants acknowledge their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

The applicants acknowledged 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 applicants acknowledged 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 applicants acknowledged 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 required to be maintained within each resident's file.

The applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend 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 applicants acknowledged 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 applicants acknowledged 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 applicants have 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 applicants acknowledged 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.

D. Rules or Statutory Violation

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 family home (capacity 5).

Kenneth Tindall

01/03/2014

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/03/2014

Jerry Hendrick
Area Manager

Date