



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 28, 2014

Ime & Raphael Etuk
908 College Ave. NE
Grand Rapids, MI 49503

RE: Application #: AS410356294
Victory Palace II
833 College Ave. NE
Grand Rapids, MI 49503

Dear Ime & Raphael Etuk:

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,

Ian Tschirhart, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS410356294 |
| Applicant Name: | Ime & Raphael Etuk |
| Applicant Address: | 908 College Ave. NE Grand Rapids, MI 49503 |
| Applicant Telephone #: | (616) 458-8997 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Victory Palace II |
| Facility Address: | 833 College Ave. NE Grand Rapids, MI 49503 |
| Facility Telephone #: | (616) 881-3843 |
| Application Date: | 01/23/2014 |
| Capacity: | 5 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|--|
| 01/23/2014 | Enrollment |
| 01/28/2014 | Contact - Document Sent Rule & ACT Books |
| 01/28/2014 | Application Incomplete Letter Sent 1326's for Ime Etuk, Joanna Udo, Yvonne Mudiuganyama and Raphael Etuk |
| 02/12/2014 | Contact - Document Received 1326's for Ime & Raphael Etuk and Joanna Udo. Yvonne is a staff person - needs to have workforce background check. |
| 02/20/2014 | Application Complete/On-site Needed |
| 02/20/2014 | File Transferred To Field Office Grand Rapids |
| 02/24/2014 | Application Incomplete Letter Sent |
| 03/28/2014 | Inspection Completed On-site |
| 03/28/2014 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The licensees, Ime and Raphael Etuk, are leasing the house at 833 College Avenue NE, in Grand Rapids, Michigan 49503, and will operate a small group home at this residence. A copy of the lease agreement is kept in the field file. The home, which is a two-story dwelling with gray colored vinyl siding, is located a couple of blocks north of I-196 and about 3 blocks east of Plainfield Avenue NE. The home is composed of five bedrooms, living room, family room, kitchen, two dining areas, and two full baths. Four of the bedrooms are on the second floor; the one bedroom on the main floor will be for the live-in staff member.

The washer, dryer, furnace and hot water heater are located the basement, which is separated from the main floor with a 1-3/4 inch solid core door 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, which was tested upon the final inspection on 03/25/2014 and worked appropriately. There is an operable A-B-C fire extinguisher on each floor of the home, including the basement, and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone. The water was tested on 03/28/2014 and its temperature was within the 105-120 degree range.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 10'2" X 10'2" | 103 | 1 |
| 2 | 13'3" X 11'2" | 148 | 2 |
| 3 | 12' X 10'3" | 123 | 1 |
| 4 | 10'2" X 10'2" | 103 | 1 |

Total Capacity: 5

The living, two dining rooms, and family room areas measure a total of 462 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement, including a live-in staff with the 5 residents.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

Caustics used in the home are kept in the basement away from the food preparation area. Residents do not go in the basement. The medications will be kept in the cupboard in the kitchen, which has a lock on it.

All of the doors in the home, including interior and exterior, either have knobs that do not lock, or have knobs or handles that have locks that are non-locking against egress, which can be unlocked in one motion.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The lawn and other vegetation surrounding the home are adequately maintained. The driveway, walkway, and front porch are all in good condition. The bricks, roof, and gutters are also all in good condition. There are handrails where required.

Victory Palace II has a vehicle available for resident transportation that is in good, working condition, and has a first aid kit in it.

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 or female ambulatory adults 20 to 83 years old whose diagnosis is developmentally disabled and/or mentally ill, in the least restrictive environment possible. The applicant intends to submit an application to be specially certified for both the developmentally disabled and mentally ill populations, and has submitted contracts between the applicant and Network 180, Thresholds, and HHS Health Options for placement and case management services. 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.

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

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee, Ime Etuk, who is also the administrator. The licensee designee

nee/administrator submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results. Mrs. Etuk has provided in writing documentation that Joanna Udo is the Responsible Person who will manage and operate this adult foster care home for up to 72 hours in Mr. and Mrs. Etuk's absence.

Mr. and Mrs. Etuk own and operate another adult foster care family group home called Victory Palace. They have been running this home since June 21, 2010.

The licensee designee/administrator has 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 five-bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift.

The applicant acknowledges an understanding of the training and qualification 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 temporary license to this adult foster care small group home (capacity 5).



March 28, 2014

Ian Tschirhart
Licensing Consultant

Date

Approved By:



March 8, 2014

Jerry Hendrick
Area Manager

Date

