



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

June 2, 2014

Nathanael Bieszka and Sarah Bieszka  
3671 Senora Ave. SE  
Grand Rapids, MI 49508

RE: Application #: AS410344357  
New Hope Group Home  
3671 Senora Ave. SE  
Grand Rapids, MI 49508

Dear Nathanael Bieszka and Sarah Bieszka:

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 2 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Edna E. Albert, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-3172

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410344357
<b>Applicant Name:</b>	Nathanael Bieszka and Sarah Bieszka
<b>Applicant Address:</b>	3671 Senora Ave. SE Grand Rapids, MI 49508
<b>Applicant Telephone #:</b>	(419) 439-1218
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	New Hope Group Home
<b>Facility Address:</b>	3671 Senora Ave. SE Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(419) 439-1218
<b>Application Date:</b>	07/12/2013
<b>Capacity:</b>	2
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED

## II. METHODOLOGY

07/12/2013	Enrollment
07/16/2013	Contact - Document Sent Rule & ACT Books
07/16/2013	Application Incomplete Letter Sent Page 1 of app sent back for completion & 1326/Fingerprints for Nathanael & Sarah
08/15/2013	Contact - Document Received Completed Application
08/26/2013	Contact - Document Received 1326's for Nathanael & Sarah
09/13/2013	Application Complete/On-site Needed
09/13/2013	File Transferred To Field Office Grand Rapids
09/17/2013	Comment app received in Grand Rapids
09/18/2013	Application Incomplete Letter Sent
10/22/2013	Inspection Completed-BCAL Sub. Compliance
05/12/2014	Inspection Completed On-site
05/29/2014	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single story home with an attached garage, located in a residential neighborhood within the city of Grand Rapids. The facility has a large tree lined lawn that will be available for resident use. The main floor consists of a kitchen and dining area, living room, family room, three bedrooms and a full bath. Two of the bedrooms on the main level will be used by the licensee. One bedroom will be used as a resident bedroom. The lower level of the home includes the laundry area, bathroom, and a bedroom with an egress window. The lower level will not be used as a resident sleeping area. The home is not equipped with ramps and therefore is not wheelchair accessible. There are two approved means of egress from the home. The home utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	12 x 14	168 sq. feet	2

The living, dining, and sitting room areas measure a total of 384 square feet of living space. This complies with the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six (2) 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 two (2) male ambulatory adults whose diagnosis is aged, 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 Kent County-DHS, Network 180 (Kent County CMH), and private pay sources.

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 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. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

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

The applicant 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 2 bed facility is adequate and includes a minimum of 1 staff –to- 2 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](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.

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.

**III. RECOMMENDATION**

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

*Edna Albert*

06/02/2014

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Edna E. Albert  
Licensing Consultant

Date

Approved By:

*Leon M. Hale*

06/02/2014

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Leon M. Hale  
Area Manager

Date