



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 3, 2014

Jessica Kross
Pine Rest Christian Mental Health Services
P.O. Box 165
Grand Rapids, MI 495010165

RE: Application #: AM410344414
Sequoia
7053 Madison
Grand Rapids, MI 49548

Dear Mrs. Kross:

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 12 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,

Ian Tschirhart, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
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 #:	AM410344414
Applicant Name:	Pine Rest Christian Mental Health Services
Applicant Address:	300 68th Street SE Grand Rapids, MI 49548
Applicant Telephone #:	(616) 281-6363
Licensee Designee:	Jessica Kross
Administrator:	Amy McGarey
Name of Facility:	Sequoia
Facility Address:	7053 Madison Grand Rapids, MI 49548
Facility Telephone #:	(616) 258-7560
Application Date:	07/15/2013
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/15/2013	Enrollment
07/17/2013	Inspection Report Requested - Health 1021852
07/17/2013	Inspection Report Requested - Fire
07/17/2013	Contact - Document Sent Rule & ACT Books and Fire Safety String
07/17/2013	Application Incomplete Letter Sent Fingerprint for Jessica Kross
08/23/2013	Inspection Completed-Environmental Health : A
10/23/2013	Contact - Document Received Fingerprint for Jessica Kross
10/24/2013	Application Complete/On-site Needed
10/24/2013	File Transferred To Field Office Grand Rapids
10/28/2013	Comment Application received in Grand Rapids office
10/29/2013	Application Incomplete Letter Sent
01/30/2014	Contact - Document Received
01/30/2014	Application Incomplete Letter Sent
02/18/2014	Contact - Document Sent Email to Jessica Kross indicating I now had proof of ownership but still need zoning approval.
06/11/2014	Inspection Completed-BCAL Full Compliance
06/11/2014	Inspection Completed On-site

DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility has previously been licensed as a small group home called Sequoia (license #AS410314383) and before that it was licensed as a medium group home called the Dementia Living Center (license #AM410088667) under the same licensee.

The facility is a multistory home located on the edge of the Pine Rest Christian Hospital campus. The main floor consists of a living room, dining room, kitchen, six resident bedrooms, three full bathrooms, four half bathrooms, a bedroom for sleep staff, an office, utility room with 2 washers and 2 dryers, four additional rooms identified as 2 lounges, sensory room and a room for group sessions. The second level will house additional staff offices and is not approved for use by residents. Although the facility is wheelchair accessible, the target population identified by the applicant is ambulatory. The facility utilizes public water and sewer systems.

The gas boiler which has been properly inspected and gas hot water heater are located in the lower level with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs to the lower level.

The facility is equipped with interconnected, hardwire smoke detection system, with 3 battery back-up, which was installed by a licensed electrician and is fully operational.

The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

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' x 15'	150 sq. ft.	1
2	10' x 15'	150 sq. ft.	1
3	10' x 15'	150 sq. ft.	1
4	10' x 15'	150 sq. ft.	1
5	10' x 12'	120 sq. ft.	1
6	10' x 12'	120 sq. ft.	1
7	10' x 12'	120 sq. ft.	1

8	10' x 12'	120 sq. ft.	1
9	10' x 12'	120 sq. ft.	1
10	10' x 12'	120 sq. ft.	1
11	11' x 15'	165 sq. ft.	2

TOTAL CAPACITY: 12

The living, dining, and lounge areas measure a total of 437 square feet of living space, which complies with 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** 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 **twelve (12)** 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 network 180 and will consider referrals from other Community Mental Health Boards.

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 Pine Rest Christian Residential & Community Services, Inc., which is a "Non Profit Corporation", was established in Michigan, on 09/22/2006. 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 Pine Rest Christian Residential & Community Services, Inc. has submitted documentation appointing Jessica Kross as Licensee Designee for this facility and Amy McGarey as the 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.

All staff members who work at this facility have been trained in nutrition and food handling, and any future staff member will be trained nutrition and food handling as well.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 3 staff-to-12 residents during first and second shifts, and 2 staff-12 residents during third (overnight) 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 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 Identogo (www.identogo.com) along with all the other 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 if they accept resident with mobility impairments in the future, those residents 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 temporary license to this AFC adult medium group home (capacity 7-12).



July 3, 2014

Ian Tschirhart
Licensing Consultant

Date

Approved By:



July 3, 2014

Leon M. Hale
Area Manager

Date