



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 15, 2014

Rebecca Cairns
1249 4th St.
Grand Rapids, MI 49504

RE: Application #: AF410338339
Bee Home
1249 4th St.
Grand Rapids, MI 49504

Dear Ms. Cairns:

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 three (3) 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,

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF410338339
Applicant Name:	Rebecca Cairns
Applicant Address:	1249 4th St. Grand Rapids, MI 49504
Applicant Telephone #:	(616) 516-9126
Administrator/Licensee Designee:	N/A
Name of Facility:	Bee Home
Facility Address:	1249 4th St. Grand Rapids, MI 49504
Facility Telephone #:	(616) 516-9126
Application Date:	01/25/2013
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

01/25/2013	Enrollment
01/29/2013	PSOR on Address Completed
01/29/2013	Contact - Document Sent Rule & ACT Books
01/29/2013	Application Incomplete Letter Sent 1326 for Greg Bullock sent back for completion
03/03/2013	Contact - Document Received Completed 1326 for Greg Bullock
03/05/2013	Application Complete/On-site Needed
03/05/2013	File Transferred To Field Office Grand Rapids
03/07/2013	Comment app rec'd in GR / file forward to AS
03/15/2013	Application Incomplete Letter Sent
03/15/2013	Contact - Telephone call made To the applicant to discuss the application process.
04/29/2013	Contact - Telephone call made
05/30/2013	Contact - Telephone call made Set inspection time for 06/05/2013
06/04/2013	Contact - Telephone call received Applicant changed date of inspection for 06/12/2013.
06/12/2013	Inspection Completed On-site
06/14/2013	Inspection Completed On-site With Licensing Consultant, Leon Hale to measure the sloped ceilings in two proposed resident bedrooms.
06/17/2013	Contact - Telephone call made I called and explained to the applicant that the measurements would only permit one resident in each bedroom due to the slopped ceilings.

06/21/2013	The Applicant was married on June 21, 2013 to Gregory Bullock, but she is choosing to keep her maiden name of Cairns. She provided a copy of her Marriage license.
12/06/2013	Inspection Completed On-site
12/06/2013	Inspection Completed-BCAL Sub. Compliance
12/12/2013	Confirming Letter sent.
12/09/2013	Contact - Telephone call received From Applicant
12/27/2013	Contact - Telephone call received From Applicant.
01/10/2014	Inspection completed on site.
01/13/2014	Inspection completed BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in the north-west side of the city of Grand Rapids, in a residential neighborhood. The front of the home has steps, with railings on both sides, up to a front porch. The main floor has a front entry way, a living room, a kitchen, a dining room, a full bath, and a backroom (mud room). The second floor contains a sitting area, one resident bedroom with three beds. The licensee and her husband (Responsible Person) will be using the second bedroom, on the second floor. The home has a basement which will not be used by the residents. The home is not wheelchair assessable. The home will utilize the public water and sewage systems. The laundry is located in the basement.

The gas furnace and 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. The facility is equipped with battery powered; single station smoke detectors which have been installed near sleeping areas, in the living room, and in the basement near the furnace. Fire extinguishers are located on the first and second floors of the home and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	20' x 11' x 12' x 8' minus 2 sq feet for the chimney and minus 35 sq. feet for slopped ceiling.	227.85	3

The resident bed room has two large sloped ceilings on the south end of the bedroom. This room was measured and 35 square feet was subtracted for the sloping.

The living, dining, and sitting room areas measure a total of 397.20 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 three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents, whose diagnosis is aged, developmental disability and/or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kent County-DHS, network 180 (Kent County CMH), and other case management agencies, as a referral source. They will accept private pay individuals. The applicant provided House Rules.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with her husband's outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) 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 applicant has indicated that for the original license of this 3 bed family home, there is adequate supervision with 1 responsible person on-site –for- 3 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 applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 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 applicant acknowledges 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 applicant acknowledges 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 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has 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 applicant acknowledges 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.

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

D. Rules or 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 family home (capacity 3).

Arlene B. Smith

01/15/2014

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/15/2014

Jerry Hendrick
Area Manager

Date