



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 25, 2014

Bonnie Roe  
AHSL Kentwood Operations, LLC  
6755 Telegraph, Ste 330  
Bloomfield Hills, MI 48301

RE: Application #: AL410365134  
AHSL Kentwood Cobblestone  
5960 Eastern Ave SE  
Kentwood, MI 49508

Dear Mrs. Roe:

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 20 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,

Grant Sutton, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4437

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410365134
<b>Licensee Name:</b>	AHSL Kentwood Operations, LLC
<b>Licensee Address:</b>	6755 Telegraph, Ste 330 Bloomfield Hills, MI 48301
<b>Licensee Telephone #:</b>	(248) 203-1800
<b>Administrator/Licensee Designee:</b>	Bonnie Roe, Designee Robert Johns, Administrator
<b>Name of Facility:</b>	AHSL Kentwood Cobblestone
<b>Facility Address:</b>	5960 Eastern Ave SE Kentwood, MI 49508
<b>Facility Telephone #:</b>	(616) 455-7595
<b>Application Date:</b>	08/27/2014
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

08/27/2014	On-Line Enrollment
09/03/2014	File Transferred To Field Office Grand Rapids
02/21/2014	Inspection Completed Env. Health: A rating
06/27/2014	Inspection Completed BFS: A rating
09/09/2014	Inspection Completed On-site
09/10/2014	Confirming Letter Sent
09/25/2014	Contact - Document Received Information requested in App. Incomplete Letter in total
09/25/2014	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is one level and located on a campus of similar buildings in the community of Kentwood. The single story structure consists of twenty resident bedrooms. Sixteen resident bedrooms have ½ bathrooms and the remaining four resident bedrooms have full bathrooms (tub with shower). There are two additional full bathrooms. There is a kitchen, living & dining room areas as well as an activity room and a staff office. There is a laundry room, storage and mechanical/electrical rooms. The facility is wheelchair accessible with four approved means of egress. Wheelchair ramps are not necessary as the topography of the surrounding area does not necessitate ramps. The facility utilizes public water and sewer systems.

The boiler and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the facility.

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	8'3" x 13'6"	111 sq. ft.	1 per room
11-16	9' x 13'4"	123 sq. ft.	1 per room

17-18	8'3" x 15'	123 sq. ft.	1 per room
19-20	10' x 13'8" & 6'8" x 10'	216 sq. ft. (total)	1 per room

The living, dining, and activity room areas measure a total of 931 square feet of living space. This complies with the 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility was previously licensed as Oak Crest Cobblestone Manor, License #AL410007139.

## **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 **twenty** (20) male or female adults whose diagnosis is aged or physically handicapped, 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, as appropriate. The applicant intends to accept residents who are private pay individuals as a referral source.

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, if assigned.

The licensee will provide all transportation for program needs and will assure the availability of transportation to medical appointments. 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 AHSL Kentwood Operations, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 08/11/2014. 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 members of AHSL Kentwood Operations, L.L.C. have submitted documentation appointing Bonnie Roe as Licensee Designee for this facility and Robert Johns 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.

The staffing pattern for the original license of this 20 - bed facility is adequate and includes a minimum of 2 staff -to- 20 residents per shift during day and evening hours and 1 staff -to- 20 residents during the night. 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 be awake during sleeping hours.

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 residents' 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.

#### **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 six-month temporary license to this adult foster care large group home (capacity 20).



09/25/2014

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Grant Sutton  
Licensing Consultant

Date

Approved By:



09/25/2014

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Leon M. Hale  
Area Manager

Date