



RICK SNYDER  
GOVERNOR

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



NICK LYON  
INTERIM DIRECTOR

January 9, 2015

Tina Schrump  
The Chosen Vision  
13729 Audrey Lane  
Grand Ledge, MI 48937

RE: Application #: AS190363648  
The Chosen Vision  
1111 Turner Street  
DeWitt, MI 48820

Dear Ms. Schrump:

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 6 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 (517) 284-9720.

Sincerely,

Dawn N. Timm, Licensing Consultant  
Bureau of Children and Adult Licensing  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5675

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS190363648
<b>Applicant Name:</b>	The Chosen Vision
<b>Applicant Address:</b>	13729 Audrey Lane Grand Ledge, MI 48937
<b>Applicant Telephone #:</b>	(517) 622-0574
<b>Administrator</b>	Tina Schrump
<b>Licensee Designee:</b>	Tina Schrump
<b>Name of Facility:</b>	The Chosen Vision
<b>Facility Address:</b>	1111 Turner Street DeWitt, MI 48820
<b>Facility Telephone #:</b>	(517) 622-0574
<b>Application Date:</b>	07/22/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

07/22/2014	Enrollment
07/24/2014	Contact - Document Sent Rules & Act booklets
07/24/2014	Lic. Unit file referred for criminal history review 1326 for Tina Louise Schrump
07/24/2014	Application Incomplete Letter Sent FP's for Tina S.
07/31/2014	Comment FP's for Tina
08/04/2014	Contact - Document Received Rec cl for Tina
08/05/2014	Application Complete/On-site Needed
08/07/2014	Application Incomplete Letter Sent
12/30/2014	Inspection Completed On-site
12/30/2014	Inspection Completed-BCAL Sub. Compliance
01/06/2015	Contact - Document Received Email received from applicant. Included needed paperwork for CAP.
01/08/2015	Contact- Telephone call received from Tina Schrump. Ready for re-inspection.
01/09/2015	Inspection Completed On-site
01/09/2015	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Chosen Vision is a newly constructed, beautifully decorated, single story ranch-style home with a completely finished walkout lower level that is located near the downtown area of Dewitt, Michigan. The facility is located approximately 10 miles north of Lansing, Michigan, so access to large hospitals, shopping and other amenities is within a reasonable distance. The main floor of the facility has four resident bedrooms, a large kitchen, dining area, great room, laundry room, medication room, and one half-bathroom for staff members. Each resident bedroom, located on the main floor, has its own private half-bathroom with a shower stall in between the two private half-bathrooms. The lower level of the facility has two resident bedrooms and each of those bedrooms is also equipped with a private half-bathroom and a shower stall between the private half-bathrooms. The lower level also has a guest bedroom, staff sleeping room, exercise/therapy room, large recreation area, staff office, full staff/guest bathroom, and two mechanical rooms. The facility has an attached two car garage to house the facility vehicle and a circle drive with additional parking for staff members and visitors. The facility is wheelchair accessible with the main entrance being at grade and the secondary exit through the garage is also at grade. The facility utilizes the local public water supply and local sewage disposal system.

The facility is equipped with two electric furnaces both of which are located in the mechanical rooms in the basement. Both mechanical rooms are equipped with 1 ¾ inch solid wood core doors with automatic self-closing hinges and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. Each floor of the facility is equipped with a fire extinguisher as well.

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

Room	Dimensions	Total Square Footage	Total # of Beds
Bedroom #1	11'6" x 12'6"	143.75 sq. feet	One resident
Bedroom #2	11'6" x 12'6"	143.75 sq. feet	One resident
Bedroom #3	12'3" x 12'6"	153.125 sq. feet	One resident
Bedroom #4	12'3" x 12'6"	153.125 sq. feet	One resident

Bedroom #5	11'6" x 13'6"	155.25 square feet	One resident
Bedroom #6	13'0" x 11'6"	149.5 square feet	One resident
Great Room	21'0" x 13'0"	273 square feet	
Dining Room	25'0" x 13'0"	325 square feet	
Exercise Room (lower level)	12'6" x 15'0"	187.50 square feet	
Activity/Game Area (lower level)	22'0" x 15'0"	330 square feet	

The indoor living, activity, and dining areas measure a total of 1115.50 square feet of living space. This greatly exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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 six male residents aged 18 years and over who have been diagnosed with a developmental disability. Potential residents should enjoy being active and busy out in the local community and be willing to try new experiences. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The program plans to support the development of any personal interests or goals voiced by any of the residents by connecting the resident with local educational, work and social programs. The applicant intends to accept referrals from Clinton, Eaton, and Ingham County Community Mental Health as well as residents with private pay resources. The facility has applied for special certification as well.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local public schools and library, local museums, shopping centers, churches, along with resources located in the nearby Lansing/East Lansing area. The applicant also plans to develop small out of town trips based on the expressed desires and interests of the residents. These resources provide an enhanced quality of life and increase the independence of residents.

### C. Applicant and Administrator Qualifications

The applicant is The Chosen Vision, Inc., *doesn't match BITS* which is a domestic "Non Profit Corporation" established in Michigan on July 26, 1991. The applicant submitted a current financial statement for the corporation along with an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of The Chosen Vision, Inc. has submitted documentation appointing Tina Schrupp as licensee designee for this facility and Tina Schrupp as the administrator of the facility.

A criminal history background check was completed on 07/31/2014 for Tina Schrupp, who will serve as both the licensee designee and the administrator, and she was determined to be of good moral character to provide licensed adult foster care. Tina Schrupp submitted statements from a physician dated 11/21/2014 documenting her good health and current negative tuberculosis test results.

Tina Schrupp has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Schrupp has completed her Bachelor's Degree and Master's Degree in Social Work. She has over 17 years of experience working with developmentally disabled/cognitively impaired adults in group homes and private care settings. Her tasks included assisting clients with daily living skills, personal hygiene tasks, medication administration, and assisting clients out in the community to increase independence and safety skills. Ms. Schrupp is currently employed by The Chosen Vision Corporation and works as the licensee designee and administrator in two other AFC facilities owned by The Chosen Vision. Consequently, Ms. Schrupp is familiar with all required licensing forms for both residents and staff members and has an excellent working knowledge of group home licensing rules. In addition Ms. Schrupp continues to provide direct care to residents, attends physician appointments, and actively helps residents pursue their interests out in the community.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. At this time the applicant plans to have one staff member working during the daytime hours because residents will be participating in day programming and two staff members during the evening time. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

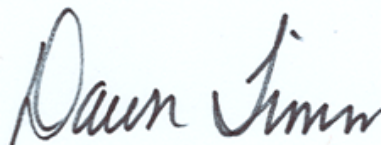
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

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



01/09/2015

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Dawn N. Timm  
Licensing Consultant

Date

Approved By:



1/9/15

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Betsy Montgomery  
Area Manager

Date