



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

September 29, 2015

Denise Ripley
156 Wyndsong Ct.
Kent City, MI 49330

RE: Application #:	AF410363263 Wyndsong 156 Wyndsong Ct. Kent City, MI 49330
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Dear Ms. Ripley:

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 two (2) 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) 356-0584.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 901-0585

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF410363263
Applicant Name:	Denise Ripley
Applicant Address:	156 Wyndsong Ct. Kent City, MI 49330
Applicant Telephone #:	(616) 952-0055
Administrator/Licensee Designee:	N/A
Name of Facility:	Wyndsong
Facility Address:	156 Wyndsong Ct. Kent City, MI 49330
Facility Telephone #:	(616) 952-0055
Application Date:	07/10/2014
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

07/10/2014	Enrollment
07/15/2014	Contact - Document Sent Rule & ACT Books
07/15/2014	Application Incomplete Letter Sent 1326/Fingerprint for Denise Ripley and 1326 for Keith Kowalski (boarder)
07/15/2014	Inspection Report Requested - Health 1023253
08/13/2014	Inspection Completed-Env. Health : B
09/23/2014	Contact - Telephone call made Denise Ripley
09/24/2014	Contact - Telephone call received Denise Ripley
10/16/2014	Contact - Document Sent D. Trieweiler in Lansing re: status of app-needs 1326A w/prints for Ms. Ripley and 1326A for member of household.
10/17/2014	Contact - Telephone call made D. Ripley w/info re: status of app. Mailed 2 1326A forms w/Identogo information to Ms. Ripley.
11/12/2014	Lic. Unit file referred for criminal history review 1326 for Keith Kowalski
11/13/2014	Application Complete/On-site Needed
11/13/2014	File Transferred To Field Office Grand Rapids
11/26/2014	Application Incomplete Letter Sent
04/15/2015	Inspection Completed On-site
04/15/2015	Inspection Completed-BCAL Sub. Compliance
04/16/2015	Inspection Report Requested-Health-Special Inspection
04/16/2015	Confirming Letter Sent

04/16/2015	Contact-Letter sent Denise re: confirmation of C rating on walls of home
04/27/2015	Document Received- CAP from Applicant
05/15/2015	Telephone Call Made- Brian Sherman-Fire Marshal's Office
05/15/2015	Document Sent- Brian Sherman-Fire Marshal's Office
05/15/2015	Telephone Call Made- Applicant Denise Ripley
05/29/2015	Telephone Call Received- Brian Bialek, Lansing Plan Review re: fire rating for walls of modular home
06/05/2015	Telephone Call Made- Brian Bialek, Lansing Plan Review
06/05/2015	Documents Sent Brian Bialek for review
06/25/2015	Document Sent Email to B. Bialek
06/30/2015	Document Received Email from B. Bialek re: fire rating for walls of modular home
07/28/2015	Contact-Face to Face Conference w/Jerry Hendrick re: fire rating for walls
07/29/2015	Document Sent Request to J. Hendrick for special fire safety inspection
07/29/2015	Telephone Call Made Applicant Denise Ripley
07/29/2015	Document Sent J. Hendrick sent request for fire safety inspection to Lansing
08/14/2015	Telephone Call Received Randy Lankford-Fire Marshal's Office
08/18/2015	Telephone Call Received Applicant-Denise Ripley
08/26/2015	Telephone Call Received Randy Lankford-Fire Marshal's Office

08/26/2015	Document Received Fire Inspection Report
08/31/2015	Environmental Health Inspection Requested
09/09/2015	Environmental Health Inspection Report Received
09/18/2015	Inspection Complete BCAL Full Compliance
09/22/2015	Recommend License Issuance
09/22/2015	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This manufactured home is located in rural Kent City. This home has only one level which includes one resident bedroom and a resident bathroom, two nonresident bedrooms and one nonresident bathroom. Upon entering the home, you step directly into the living room and beyond the living room is the dining area and to the left of the dining area is the kitchen. Off of the living room to the left is another sitting/TV room that adds space to the living area of the home. The home is not wheelchair accessible and there is no ramp from the main floor. There are 2 approved means of egress from this home, one out the front door and one out the slider to the back yard. This home utilizes a private well for water and city sewer system.

The gas hot water heater and furnace are located in a closet in the master bedroom. The facility is equipped with battery powered; single station smoke detectors that have been installed near sleeping areas and in the living room. The Licensee has included a fire extinguisher in the living/dining area of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.17X13	158.21	2

The living, dining, and sitting room areas measure a total of 561 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 **two (2)** 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 two (2) ambulatory residents, whose diagnosis is aged or developmentally disabled.

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, Kent County CMH, or private pay individuals (and surrounding counties) 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, 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 (s). 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(s) have 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 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 two (2) 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 2 bed family home, there is adequate supervision with 1 responsible person on-site –for- 2 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 2).

Licensing Consultant:



09/28/2015

Elizabeth Elliott

Date

Approved By:



09/29/2015

Jerry Hendrick
Area Manager

Date