



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

January 21, 2016

Michael and Lydia Roy
13163 Southland Ct.
Holland, MI 49424

RE: Application #: AS700380498
Trinity Care
3169 Trinity Woods Court
Holland, MI 49424

Dear Michael and Lydia Roy:

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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS700380498
Applicant Name:	Michael and Lydia Roy
Applicant Address:	13163 Southland Ct. Holland, MI 49424
Applicant Telephone #:	(616) 786-0315
Administrator:	Michael Roy
Licensee Designee:	Michael Roy
Name of Facility:	Trinity Care
Facility Address:	3169 Trinity Woods Court Holland, MI 49424
Facility Telephone #:	(616) 786-0315
Application Date:	11/17/2015
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/17/2015	Enrollment
11/17/2015	Contact - Document Received 3704-A-Medical Clearance for Michael Roy. 1326 Record Clearance Request for Michael Roy and Lydia Roy. Building and AFC policies and paperwork.
11/24/2015	Contact - Document Sent Rules and Act
11/24/2015	File Transferred To Field Office Grand Rapids/Ottawa
11/30/2015	Comment File rcvd in GR
12/18/2015	Application Incomplete Letter Sent
01/10/2016	Application Complete/On-site Needed
01/11/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Trinity Care, which is located at 3169 Trinity Woods Court, Holland, Ottawa County, Michigan, is owned by Michael and Lydia Roy, the married couple who operate the Adult Foster Care Small Group Home at this address. The home is a new bi-level house with vinyl siding and two-car attached garage. The home has 6 bedrooms, three on the upper level, and three on the lower level. Only one of the bedrooms on the lower level is used as a resident room. More than 50% of the walls of the lower level bedroom are above grade. The home also has two full and two half-baths, a family room, living room, kitchen, dining area, and a utility/laundry room. There are handrails where required. This facility utilizes public sewer and water systems. The home is not wheelchair accessible. Mr. and Mrs. Roy are currently also the licensees of Noble Care (AF700302004).

The furnace, water heater, washing machine, and dryer are located in the utility room that is equipped 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 interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 01/11/2016 and worked properly. There are two operable A-B-C fire extinguishers in the home, one on each floor, and are easily accessible. Evacuation

routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to. One of the two main means of emergency egress is through the garage. However, if there is a car parked in the garage it obstructs the path of the egress route. Therefore, the licensees have agreed not to park vehicles in the garage and will have signs posted stating that there is no parking allowed in the garage.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' X 13'8"	165	2
2	13'2" X 12'11"	170	2
3	8' X 12'1"	96	1
4	16'8" X 9'	150	1

Total Capacity: 6

The living, family, and dining room areas measure a total of 446 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

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 licensees intends to provide 24-hour supervision, protection and personal care to **six (6)** male and/or female adults aged 18 years and older, who may be diagnosed with a developmental disability, mental illness, or who are aged, in the least restrictive environment possible. The licensees are not applying for a special certification at this time. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Trinity Care will provide limited transportation to residents at no charge, and this will be stated in the Resident Care Agreements. The vehicle used for resident transportation was observed to be in good condition and a first aid kit will either be kept in the vehicle

or taken when residents are being transported. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Licensees and Administrator Qualifications

Michael Roy is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Mr. Roy were completed with no restrictions noted on either.

Mr. Roy has 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 six-bed home is 1-staff-to-6 at all times of the day.

The licensees acknowledges an understanding of the training and qualification 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 licensees 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), Identogo, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The licensees 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 Mr. and/or Mrs. Roy, can administer medication to residents. In addition, the licensees has indicated that resident medications will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The licensees acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensees acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

The licensees 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 licensees indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensees acknowledge 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 licensees have 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 licensees acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The licensees acknowledge their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensees acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensees acknowledge 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 licensees were in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 6).



01/21/2016

Ian Tschirhart
Licensing Consultant

Date

Approved By:



01/21/2016

Jerry Hendrick
Area Manager

Date