



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 25, 2016

Cynthia Thacker
Perceptive Care Inc.
5724 Clay Ave. SW
Wyoming, MI 49548

RE: Application #: AL410384527
Hillbrook AFC
1015 28th St. SE
Grand Rapids, MI 49548

Dear Mrs. Thacker:

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 16 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,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410384527

Applicant Name: Perceptive Care Inc.

Applicant Address: 5724 Clay Ave. SW
Wyoming, MI 49548

Applicant Telephone #: (616) 301-1919

Administrator/Licensee Designee: Cynthia Thacker, Designee

Name of Facility: Hillbrook AFC

Facility Address: 1015 28th St. SE
Grand Rapids, MI 49548

Facility Telephone #: (616) 452-9893

Application Date: 08/23/2016

Capacity: 16

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED
AGED

II. METHODOLOGY

03/02/2016	Inspection Completed-Fire Safety : A Completed for Active AL410007145
05/19/2016	Inspection Completed-Environmental Health: A Completed for Active AL410007145
08/23/2016	Enrollment
08/23/2016	File Transferred To Field Office Grand Rapids
09/26/2016	Application Incomplete Letter Sent
09/29/2016	Application Complete/On-site Needed
09/29/2016	Inspection Completed On-site
10/24/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large group adult foster home located in Grand Rapids, Michigan. The home is a single story, ranch style home. The home consists of eight resident bedrooms, three full size bathrooms, a large kitchen, dining area and living room. The facility also contains a staff office and laundry room. The basement of the facility is used for storage, laundry and a staff apartment. The basement is not for resident use. There is a deck off of the rear of the facility. The home is barrier free and has four, separate means of egress. The home utilizes public water and sewer supply.

The furnace and hot water heater are located in the basement of the facility. An appropriate door is in place separating the main floor from the basement. The door 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 interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	19 X 19	361	3
2	15 X 17.5	262	2
3	19 X 16	304	3

4	11.5 X 12.5	143	2
5	11.5 X 13.5	155	2
6	12 X 11.5	138	2
7	11.5 X 10.5	120	1
8	11.5 X 10.5	120	1

The dining room and living room areas measure a total of 759 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 **16** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home was previously licensed under Hillbrook AFC AL410007145. The home was originally licensed on 11/30/1988. The facility owners, Cindy and David Thacker recently applied for a cooperation license on 8/22/2016.

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 sixteen male or female ambulatory and non-ambulatory adults whose diagnosis is aged, physically handicapped, developmentally disabled or diagnosed with mental illness in the least restrictive environment as possible. The facility program will include personal hygiene assistance, teaching daily living skills and safety skills. The program will also assist case managers with individual behavior programs and help improve or maintain individual level of functioning.

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.

The facility will help arrange medical and psychiatric appointments as needed. 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.

The applicant is Perceptive Care, Inc., which is a "Domestic Profit Corporation", was established in Michigan, on 11/12/1987. 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.

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 / administrator 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 16 bed facility is adequate and includes a minimum of 1 staff –to- 15 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be allowed to sleep during sleep hours, but will be available to residents.

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) 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 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 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.

C. Rule/Statutory Violation

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 16).

Megan Aukerman, MSW

10/24/2016

Megan Aukerman
Licensing Consultant

Date

Approved By:



10/24/2016

Jerry Hendrick
Area Manager

Date