



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 21, 2016

Marva Townsend
Trinity 30/60/100 dba Living Well-Adult Living Fac
1001 Lafayette SE
Grand Rapids, MI 49507

RE: Application #: AL410380788
Living Well-Adult Living Facility
1001 Lafayette SE
Grand Rapids, MI 49507

Dear Ms. Townsend:

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,

A handwritten signature in cursive script, reading "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor, 350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 295-3777

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410380788

Applicant Name: Trinity 30/60/100 dba Living Well-Adult Living

Applicant Address: 1001 Lafayette SE
Grand Rapids, MI 49507

Applicant Telephone #: (616) 633-8284

Administrator/Licensee Designee: Marva Townsend, Designee

Name of Facility: Living Well-Adult Living Facility

Facility Address: 1001 Lafayette SE
Grand Rapids, MI 49507

Facility Telephone #: (616) 633-8284

Application Date: 12/17/2015

Capacity: 16

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODOLOGY

12/17/2015	Enrollment
12/23/2015	Contact - Document Sent Rules and Act sent
12/23/2015	Inspection Report Requested - Fire
12/23/2015	Inspection Report Requested - Health

	Inv 1025168
12/23/2015	Contact - Document Sent Fire Safety String and returned Marva Townsend's 3704-Med.clearance, it was incomplete.
12/23/2015	File Transferred To Field Office Grand Rapids/Kent
01/14/2016	Application Incomplete Letter Sent
02/01/2016	Contact - Telephone call made Licensee Designee Marva Townsend was informed the department no longer has the documents from her previous application. It was requested that she submit the documents listed in the Incomplete Original Application. Ms. Townsend agreed to submit the documents.
02/10/2016	Contact - Document Received Received Floor Plan, Zoning Letter, Program Statement, Admission Policy, Discharge Policy, Personnel Policy and Procedures, Job Descriptions, Staffing Pattern, Organization Chart and Proof of TB Testing as well as training and experience for Licensee Designee/Administrator Marva Townsend.
03/02/2016	Contact - Telephone call made Licensee designee Marva Townsend stated she would submit a current medical, proof of ownership, and a budget within the next week. I reviewed the floor plan with Ms. Townsend. She stated she is only interested in getting the second floor of the home licensed for adult foster care. Ms. Townsend stated she is still completing tasks in the home and will contact Environmental Health and Fire Safety to schedule inspections.
03/16/2016	Inspection Completed-Env. Health : A
04/01/2016	Contact - Document Received Received a copy of the lease, budget and applicant Marva Townsend's medical clearance. Ms. Townsend stated she is currently leasing with intent to purchase the facility. Permission to inspect the facility is required.
04/20/2016	Contact - Telephone call made To Scott Baker (City of Grand Rapids). He stated that Marva Townsend had requested to use a variance for zoning from 2004. Mr. Baker reported that she will not be able to use the variance

	from 2004 and that she will have to reapply for zoning approval.
05/31/2016	Contact - Telephone call made Telephone call made to Applicant Marva Townsend. She stated she is still interested in pursuing the license. She stated she has a zoning appointment scheduled in June 2016 and will contact me to schedule an inspection once she receives zoning approval.
06/24/2016	Contact - Telephone call made Telephone call made to Applicant Marva Townsend. She stated she is still interested in pursuing the license and has received zoning approval. She has not had a fire inspection as of today. She stated she will contact me when she is ready to schedule an on-site inspection.
08/16/2016	Contact - Telephone call made Telephone call made to Applicant Marva Townsend to follow up on her application. Left a message.
08/16/2016	Contact - Telephone call received Telephone call received to Applicant Marva Townsend. She stated she is in the process of completing tasks for the fire marshal and will contact me when she is ready for an inspection.
09/21/2016	Inspection Completed-Fire Safety : A Project 139834
10/04/2016	Contact - Telephone call received Received a telephone call from Applicant Marva Townsend. She stated BFS completed the fire safety inspection and she is still in the process of completing some tasks in the home. She stated she will contact me to schedule an on-site inspection.
10/25/2016	Contact- Document Received Received a copy of zoning approval
10/25/2016	Contact – Telephone call made Telephone call received to Applicant Marva Townsend to schedule an on-site inspection. There was no answer. Left a message.
11/02/2016	Inspection Completed On-site Licensing Consultant Megan Aukerman and I conducted an on-site inspection of the home
11/02/2016	Contact - Telephone call made Telephone call to Fire Inspector Brian Sherman. He verified a fire

	inspection was conducted for a large home and the home received an approval.
11/02/2016	Inspection Completed- BCAL Sub. Compliance
11/09/2016	Confirming Letter Sent
11/09/2016	Application Incomplete Letter Sent Confirming letter emailed
11/16/2016	Inspection Completed On-site Licensing Consultant Megan Aukerman and I conducted an on-site inspection of the home
11/16/2016	Inspection Completed- BCAL Sub. Compliance
11/17/2016	Confirming Letter Sent
11/17/2016	Application Incomplete Letter Sent Confirming letter emailed
11/18/2016	Inspection Completed On-site
11/18/2016	Inspection Completed Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in the city of Grand Rapids. The main level consists of a kitchen, two lavatories, one full bathroom, two activity rooms, two storage rooms, a boiler room, and five offices. Licensee Designee Marva Townsend stated she intends to use the main level of this facility as a "Day Program" for adult foster care residents. She stated no resident activities will take place on the main level. Ms. Townsend provided assurances that individuals attending the day program will be kept separate from the residents of the facility and will not be permitted on the second level of the facility. She provided additional assurances that the main level and the second level of the facility will function completely independent of each other. The second level consists of a dining room/multipurpose room, living room with an attached lavatory, and two full bathrooms. In addition, the second level consists of 11 resident bedrooms. Four of the resident bedrooms have lavatories attached to them. No resident activities will occur on the third level of the facility and residents of this facility will not be permitted on the third floor. This facility is not wheelchair accessible. This facility utilizes a public water and sewage system.

The boiler and hot water heater are located on the main level of the facility 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 interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
201	11'4"X11'2"	126.56	1
202	11'4"X11'5"	129.39	1
203	12'1"X21'5"	258.75	2
204	21'5"X11'11"	255.33	2
205	14'10"X12'11"	191.60	1
206	16'6"X19'4"- 6'X2'1"+8'8"X5'3"	351.93	1*
207	16'X19'4"+9'3"X5'7"	360.895	1*
208	21'6"X13'4"	286.60	2
209	13'X11'11"+8'9"X4'10"	197.22	1
210	21'1"X12'5"-6'X2'1"	249.33	2
211	20'11"X12'5"-6'X2'1"	247.34	2

*There is a lavatory attached to this bedroom. The lavatory does not have a door. Only one (1) resident is allowed in this bedroom in order to provide for individual privacy when using the lavatory.

The living, dining, and sitting room areas measure a total of 643.71 square feet of living space. These areas are located on the second level of the facility and will only be utilized by the adult foster care residents. 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.

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 **16** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Kent County-DHS, Kent County CMH, or 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.

The licensee will provide all transportation for program and medical needs. 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 Trinity 30/60/100, Inc., which is a Non Profit Corporation and was established in Michigan, on 01/26/2015. 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 Board of Directors of Trinity 30/60/100, Inc. has submitted documentation appointing Marva Townsend as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator Marva Townsend. Ms. Townsend 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- 10 residents per shift. Licensee Designee Marva Townsend acknowledged 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. Ms. Townsend stated direct care staff will be awake during sleeping hours. Ms. Townsend stated the adult foster care home will be staffed completely separate from the day program.

Licensee Designee Marva Townsend acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

Licensee Designee Marva Townsend 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.

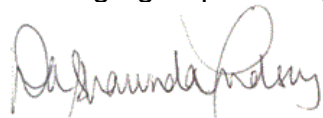
Licensee Designee Marva Townsend acknowledges that residents with mobility impairments may not reside in this facility.

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 16).



11/21/2016

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



11/21/2016

Jerry Hendrick
Area Manager

Date

