



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 17, 2017

Shelia Shang
1146 Thomas St Se
Grand Rapids, MI 49506

RE: Application #: **AS410385361**
Shedrice's AFC
246 Powell Ave.
Grand Rapids, MI 49507

Dear Shelia Shang:

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,

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 Application #:	AS410385361
Applicant Name:	Shelia Shang
Applicant Address:	645 Worden St., SE Grand Rapids, MI 49507
Applicant Telephone #:	(616) 375-6076
Licensee Designee:	N/A
Administrator:	Sheila Shang
Name of Facility:	Shedrice's AFC
Facility Address:	246 Powell Ave. Grand Rapids, MI 49507
Facility Telephone #:	(616) 248-1720
Application Date:	10/21/2016
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

10/21/2016	Enrollment
10/25/2016	Contact - Document Sent Rule & ACT Books
10/25/2016	Application Incomplete Letter Sent Updated 1326 for Sheila Shang
12/19/2016	Contact - Document Received 1326 for Sheila Shang
12/20/2016	Lic. Unit file referred for background check review Red Screen - CF410255110
02/02/2017	File Transferred To Field Office Grand Rapids
02/08/2017	Application Incomplete Letter Sent
02/24/2017	Application Complete/On-site Needed
04/04/2017	Inspection Completed On-site
04/04/2017	Inspection Completed Full Compliance
04/13/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is an older, two story home located on the southeast side within the city of Grand Rapids. The first floor of the home consists of a living room, bedroom, staff office, staff bathroom, dining room, kitchen and full size barrier free, and a wheel chair accessible bathroom. The first floor of the home is wheelchair accessible. There are two means of egress on the first floor for a resident in a wheel chair. There is a ramp leading up to the front door of the home and a second ramp leading to the side door of the home. The laundry facilities are located in the basement. The basement of the facility is not approved for resident use. The second floor of the home consists of four bedrooms and a bathroom. The facility utilizes city water and sewer systems.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (1 st floor)	12.08 X 10.08, 2.33 X 8.58	141.76 sq. ft.	2
2	12.17 X 9, 3.83 X 7.83	139.52 sq. ft.	1
3	10.83 X 7.17	77.65 sq. ft.	1
4	10.83 X 7.17	77.65 sq. ft.	1
5	10.17 X 9.08	92.34 sq. ft.	1

The living room and dining room areas measure a total of 296.69 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 **six** residents. It is the licensee's responsibility to not 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 **six** male or female 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 Network 180 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 assure the availability of 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 also the administrator of the license. The applicant has sufficient financial resources to provide for the adequate care of the residents. The applicant has been operating two other Adult Foster Care homes for over five years. They are under license numbers AS410385361 and AS410373262.

A licensing record clearance request was completed for the licensee with no LEIN convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 6 bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. The applicant acknowledges 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. The applicant has indicated that direct care staff will not be awake during sleeping hours.

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 residents' 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and administrative rules related to the physical plant. 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 (capacity 6).

Megan Aukerman, MSW

4/17/2017

Megan Aukerman
Licensing Consultant

Date

Approved By:

Mary Holton

4/17/2017

Mary Holton
Area Manager

Date