



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 2, 2018

Geralyn Barker  
Ida Mae's Group Homes, LLC  
6264 Lake St  
Newaygo, MI 49337

RE: Application #: AS410391727  
Ida Mae's Group Homes  
1439 Townsend Trail NE  
Rockford, MI 49341

Dear Ms. Baker: 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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

**BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS410391727
<b>Licensee Name:</b>	Ida Mae's Group Homes, LLC
<b>Licensee Address:</b>	6264 Lake St Newaygo, MI 49337
<b>Licensee Telephone #:</b>	(616) 443-0227
<b>Administrator/Licensee Designee:</b>	Geralyn Barker, Designee Rick Barker, Administrator
<b>Name of Facility:</b>	Ida Mae's Group Homes
<b>Facility Address:</b>	1439 Townsend Trail NE Rockford, MI 49341
<b>Facility Telephone #:</b>	(616) 443-0227 (616) 844-0386
<b>Application Date:</b>	12/12/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

12/12/2017	On-Line Enrollment
12/13/2017	Contact - Document Sent Rule & ACT Books
12/26/2017	Contact - Document Received 1326's for Geralyn Barker & Rickie Barker
01/03/2018	Lic. Unit file referred for background check review 1326 for Rickie Barker - Self Confession
01/03/2018	Application Incomplete Letter Sent Fingerprint for Geralyn Barker
01/16/2018	Contact - Document Received Fingerprint/RI 030 for Geralyn Barker
01/16/2018	File Transferred To Field Office Grand Rapids
01/18/2018	Comment Reviewed the file.
02/06/2018	Application Incomplete Letter Sent
02/07/2018	Contact - Telephone call received Call from applicant.
02/07/2018	Contact - Document Sent Sent Technical assistance information on program statement, admission policy and discharge policy.
02/16/2018	Contact - Document Received Received certificates of trainings and other required documents.
02/16/2018	SC-Application Received - Original
02/28/2018	Contact - Document Received Received certificates of trainings.
03/05/2018	Contact - Document Received Floor plans, medical clearances, high school diploma, electrical report, letter of designation of Licensee and Administrator.
03/05/2018	Contact - Document Received Letter for Financial and administrative management, and certificates of trainings.

03/09/2018	Contact - Telephone call received From applicant to discuss the door placement.
03/14/2018	Contact - Document Received Certificates of trainings.
03/26/2018	Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is of a wood framed structure with a main level and lower level and an attached two stall garage. The home is located within the city limits of Rockford, Michigan. There are two resident bedrooms on the main floor. You enter the home with steps onto a small entry porch. The main level has a living room, a dining room, a kitchen, a full bath and a laundry room. One of the resident bedrooms has an attached bathroom. The lower level has a family room, a small reading area, a resident bedroom, a full bathroom, and bedroom/office, a storage room and the utility room. The home is not wheelchair accessible and has 2 approved means of egress. The home will utilize public water and sewage.

The gas furnace and hot water heater are located on the lower level 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, with an automatic self-closing device and positive latching hardware. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the bottom of stairs. 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.

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' 7" X 10' 3' plus 3' x 2'3"	135.69	2
# 2	14' x 13'	182	2
# 3	14' x 10' 5"	145.88	2

The living, dining, and sitting room areas measure a total of 814.64 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 (6) 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 six 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 behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Kent County-DHHS, network 180 will serve as referral sources. They will also accept a private pay individuals.

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 Ida Mae's Group Homes, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/12/2017. 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 members of Ida Mae's Group Homes L.L.C. have submitted documentation appointing Geralyn Barker as Licensee Designee and Rick Barker as the Administrator for this facility.

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

The licensee designee and the administrator have 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 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.

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](http://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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home capacity 6.



04/02/2018

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Arlene B. Smith, Licensing Consultant

Date

Approved By:



04/02/2018

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Jerry Hendrick, Area Manager

Date

