



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 27, 2018

Charles Kelly  
R & B Living Supports, Inc.  
130 45th Street  
Bloomington, MI 49026

RE: Application #: AS030390275  
Blue Sky AFC  
331 49th Street  
Grand Junction, MI 49056

Dear Mr. Kelly:

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) 356-0183.

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, N.W.  
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**

<b>License Application #:</b>	AS030390275
<b>Applicant Name:</b>	R & B Living Supports, Inc.
<b>Applicant Address:</b>	130 45th Street Bloomingtondale, MI 49026
<b>Applicant Telephone #:</b>	(269) 521-4500
<b>Licensee Designee:</b>	Charles Kelly
<b>Administrator:</b>	Charles Kelly
<b>Name of Facility:</b>	Blue Sky AFC
<b>Facility Address:</b>	331 49th Street Grand Junction, MI 49056
<b>Facility Telephone #:</b>	(269) 521-4500
<b>Application Date:</b>	08/29/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

08/29/2017	Enrollment
09/06/2017	Inspection Report Requested - Health Inv. #1027420
09/06/2017	Contact - Document Sent Rule & Act booklets
09/06/2017	Application Incomplete Letter Sent Updated rec cl for Rebecca
11/02/2017	Contact - Document Received Rec cl for Charles K (LD & Admin)
11/27/2017	Application Incomplete Letter Sent Sent by field staff/licensing consultant
12/27/2017	Contact - Document Received I received several documents for original license
01/29/2018	Inspection Completed-Env. Health : D
06/14/2018	Inspection Report Requested - Health
06/25/2018	Inspection Completed-Env. Health : A
06/26/2018	Contact - Document Sent I sent Matthew Baird, Allegan County Health Dept. Sanitarian, an email requesting status of report
06/26/2018	Contact - Document Received I received an email from Mr. Baird stating that Emily McGrew did the inspection
06/26/2018	Contact - Telephone call received Ms. McGrew called and spoke with me
06/26/2018	Contact - Document Received Ms. McGrew emailed me copy of her report
06/26/2018	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Blue Sky AFC is located at 331 49<sup>th</sup> Street, Grand Junction, Allegan County, Michigan, 49056, and is owned and operated by R & B Living Supports, Inc. The home is a ranch-style dwelling with a wide, semi-circle driveway in front of the house, but there is no garage. The home sits on a slab and has six bedrooms; one full bath and one half bath (used only by staff); a kitchen; dining area; a small office that has the half bath attached to it; a large closet where the medication cabinet is kept; and a utility/laundry room where the hot water heater, furnace, washer and dryer are located. There are handrails on the front and back porches, but the home is not wheelchair accessible (no ramps). This home utilizes private sewer and water systems. The home has a wood-burning fireplace; however, the fireplace will not be used, and it has two glass shields that are padlocked, and a letter was provided to the Licensing Consultant stating that it will not be used.

The laundry/utility room 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 backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 06/14/2018 and worked properly. There is one operable A-B-C fire extinguisher attached to the wall and is 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.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'6" X 11'4"	96	1
2	8'6" X 11'4"	96	1
3	8'6" X 11'	93	1
4	9'5" X 12'5"	116	1
5	9'2" X 12'5"	113	1
6	9' X 14'4"	128	1

**Total Capacity: 6**

The living and dining room areas measure a total of 404 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 applicant intends to provide 24-hour supervision, protection and personal care to six male adults aged eighteen years and older, who may be diagnosed as developmentally disabled, mentally ill, physically handicapped (but not wheelchair dependent), and/or traumatically brain injured 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. 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.

Blue Sky AFC will provide transportation to residents. The home has a van that is in good condition, and the Licensing Consultant reminded the Licensee Designee that the van needs to have a first-aid kit kept in it.

## **C. Applicant and Administrator Qualifications**

Rebecca Forbes and Charles B. Kelly (Ben) are the Licensee Designees and Administrators for this home. Medical and Record Clearance requests for both of them were completed with no restrictions noted on either; and their TB-tine results were negative.

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 six-bed home is 1-staff-to-6 residents for each shift (i.e., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>). However, on days of resident appointments or other occasions requiring more staff, there will be at least 2-staff-to-6 residents. The applicant 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, and further understands that the staff-to-resident ratio is also dependent upon the care needs of the residents.

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)),

Identogo, 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 either Rebecca Forbes or Charles B. Kelly, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant 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 applicant 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges 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 applicant 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 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 home underwent an environmental health inspection on 06/25/2018 and was given an "A" rating by the sanitarian.

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 adult foster care small group home (capacity 6).



June 26, 2018

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Licensing Consultant

Date

Approved By:



June 27, 2018

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Area Manager

Date