



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 6, 2018

Faith Giplaye
Acare Human Services, Inc.
3210 Eastern Ave. SE
Grand Rapids, MI 49508

RE: Application #: AS410392598
Acare Homes
4711 Chalet Ln SW
Wyoming, MI 49519

Dear Mrs. Giplaye:

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 cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor, 350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS410392598
Applicant Name:	Acare Human Services, Inc.
Applicant Address:	3210 Eastern Ave. SE Grand Rapids, MI 49508
Applicant Telephone #:	(616) 204-4651
Administrator/Licensee Designee:	Faith Giplaye, Designee
Name of Facility:	Acare Homes
Facility Address:	4711 Chalet Ln SW Wyoming, MI 49519
Facility Telephone #:	(616) 204-4651
Application Date:	02/09/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/09/2018	Enrollment
02/12/2018	Contact - Document Sent Rule & ACT Books
02/12/2018	File Transferred To Field Office Grand Rapids
03/08/2018	Application Incomplete Letter Sent
03/08/2018	Application Complete/On-site Needed
05/08/2018	Inspection Completed On-site
05/08/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Acare Homes, which is located at 4711 Chalet Ln SW, Wyoming 49519, Kent County, Michigan, is owned by Hans Giplaye. The home is a one-story ranch home that sits in a suburban neighborhood. It has an attached garage. The home has vinyl siding. The home has adequate parking for approximately two vehicles. The home has four bedrooms and two bathrooms. The home contains a kitchen, dining area, laundry room, and living room on the main floor. The home has a basement that residents do not utilize. The laundry appliances are located on the main floor.

The hot water heater and furnace are located in the finished basement. The basement and main floor are separated 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. The system was tested upon the final inspection on 05/08/2018 and worked properly. There at least one operable A-B-C fire extinguisher attached to the wall and are 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	14 x 11	154	2
2	14 x 11.04	154.56	1
3	11 x 9	99	1
4	17.4 x 13.4	233.16	2

Total Capacity: 6

The living and dining room areas measure a total of 355 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.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The landscaping and property are maintained in appropriate condition

This home was owned and operated as an adult foster care home under the name ATL Home Care LLC (license AS410251218) from 03/18/2003 until the date of this license (Acare Homes) issuance.

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 18 years and older, who may be diagnosed with mental illness, developmental disability, and aged 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.

Acare Homes will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

C. Applicant and Administrator Qualifications

Faith Giplaye is the Licensee Designee for this home. Medical and Record Clearance requests for Faith Giplaye were completed with no restrictions noted on either. Her TB-test results were negative.

Faith Giplaye 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 facility is 1-staff- to-6 residents at all times.

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.

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), 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 Faith Giplaye, 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 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 small group home (capacity 6).



06/06/2018

Toya Zylstra
Licensing Consultant

Date

Approved By:



06/05/2018

Jerry Hendrick
Area Manager

Date