



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 30, 2018

Sophia Van Harn
6367 Village Drive
Zeeland, MI 49464

| | |
|--------------------|--|
| RE: Application #: | AF700393752 Village View AFC 6367 Village Drive Zeeland, MI 49464 |
|--------------------|--|

Dear Mrs. Van Harn:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

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|---|--|
| License Application #: | AF700393752 |
| | |
| Applicant Name: | Sophia VanHarn |
| | |
| Applicant Address: | 6367 Village Drive Zeeland, MI 49464 |
| | |
| Applicant Telephone #: | (616) 229-1365 |
| | |
| Administrator/Licensee Designee: | N/A |
| | |
| Name of Facility: | Village View AFC |
| | |
| Facility Address: | 6367 Village Drive Zeeland, MI 49464 |
| | |
| Facility Telephone #: | (616) 229-1365 |
| | |
| Application Date: | 04/23/2018 |
| | |
| Capacity: | 6 |
| | |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|--|
| 04/23/2018 | Enrollment |
| 04/23/2018 | Contact - Document Sent Rule & ACT Books |
| 04/23/2018 | Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Sophia VanHarn and 1326 for Casey VanHarn sent back for completion. |
| 07/09/2018 | Contact - Document Received 1326/Fingerprint for Sophia VanHarn |
| 07/09/2018 | PSOR on Address Completed |
| 07/10/2018 | Contact - Document Received 1326 for Casey VanHarn |
| 07/10/2018 | Application Incomplete Letter Sent SOS address discrepancy for Sophia VanHarn |
| 07/11/2018 | Contact - Document Received Verification of SOS address changed for Sophia |
| 07/11/2018 | File Transferred To Field Office Grand Rapids |
| 08/01/2018 | Application Incomplete Letter Sent |
| 08/08/2018 | Inspection Completed On-site |
| 08/08/2018 | Inspection Completed-BCAL Sub. Compliance |
| 08/08/2018 | Contact - Document Received Current licensee, Laurie Zwiers contacted me via email stating the porch pillar and step will be fixed as soon as possible. |
| 08/09/2018 | Confirming Letter |
| 08/14/2018 | Contact - Document Received Laurie Zwiers sent pictures of the front pillar. Working on front step repair. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one story, single family home, located in a suburban neighborhood consisting of other similar sized, well maintained homes. The main floor of the home includes a kitchen with eating area, living room, a bedroom to be used by the licensee and her husband and two resident bedrooms (bedroom #1 & #2). On the main floor there is also a full bathroom for resident use. The lower level includes bedroom #3 to be used by 1 resident and bedroom #4 to be used by 3 residents. In addition, there is a large family room and a full bathroom for resident use on the lower level. The home is not wheelchair accessible and cannot accommodate persons required to use a wheelchair.

The furnace and hot water heater are in the basement 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. Single stations smoke detectors have been installed near sleeping areas, in the living room, in the basement near the furnace. Fire extinguishers are installed on each floor of the home. The facility uses public water and sewer systems.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 8.9X7.4 | 65.86 | 1 |
| 2 | 12X9 | 108 | 1 |
| 3 | 11X12 | 132 | 1 |
| 4 | 12X17 | 204 | 3 |

The living, dining, and sitting room areas measure a total of 562 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 not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant(s) have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 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 resident's 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments and require the use of a wheelchair cannot be accommodated in this home.

D. Rules or Statutory Violations

The applicant is in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 6).



08/30/2018

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



08/30/2018

Jerry Hendrick
Area Manager

Date