



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 8, 2018

Tina Schrump  
The Chosen Vision  
13729 Audrey Lane  
Grand Ledge, MI 48937

RE: Application #: AS190392513  
**Chosen Vision**  
**1123 Turner St.**  
**DeWitt, MI 48820**

Dear Ms. Schrump:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License Application #:</b>           | AS190392513                                |
| <b>Applicant Name:</b>                  | The Chosen Vision                          |
| <b>Applicant Address:</b>               | 13729 Audrey Lane<br>Grand Ledge, MI 48937 |
| <b>Applicant Telephone #:</b>           | (517) 410-6541                             |
| <b>Administrator/Licensee Designee:</b> | Tina Schrump                               |
| <b>Name of Facility:</b>                | Chosen Vision                              |
| <b>Facility Address:</b>                | 1123 Turner St.<br>DeWitt, MI 48820        |
| <b>Facility Telephone #:</b>            | (517) 410-6541                             |
| <b>Application Date:</b>                | 02/07/2018                                 |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED                   |

## II. METHODOLOGY

|            |   |
|------------|---|
| 02/07/2018 | Enrollment                                      |
| 02/07/2018 | Inspection Report Requested - Health<br>1027967 |
| 02/07/2018 | Contact - Document Sent<br>Rule & ACT Books     |
| 02/07/2018 | File Transferred To Field Office<br>Lansing     |
| 02/14/2018 | Application Incomplete Letter Sent              |
| 03/27/2018 | Inspection Completed-Env. Health : A            |
| 05/21/2018 | Application Complete/On-site Needed             |
| 05/29/2018 | Inspection Completed On-site                    |
| 05/29/2018 | Inspection Completed-BCAL Full Compliance       |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Chosen Vision is a newly constructed, stylishly decorated, single story ranch-style home with a completely finished walkout lower level that is located near the downtown area of DeWitt, Michigan. The facility is located approximately 10 miles north of Lansing, Michigan, so access to large hospitals, shopping, and other amenities is within a reasonable distance. The main floor of the facility has four resident bedrooms, a large kitchen, dining area, great room, laundry room, medication room, and a one-half bathroom for staff members. Two of the bedrooms upstairs have an attached, private full bathroom and two of the bedrooms share an attached bathroom with a shower stall. The lower level of the home has two bedrooms both with an attached, private bathroom with a shower stall. The lower level of the home has an additional full bathroom with a tub, staff sleeping room, exercise/therapy room, large family room, staff office, and two mechanical rooms. The facility has an attached two-car garage to house the facility

vehicle and a circle drive with additional parking for staff members and visitors. The facility is wheelchair accessible with the main entrance being at grade and the secondary exit through the garage is also at grade. The facility utilizes a local public sewage disposal system. The facility has a private water supply and received substantial compliance with administrative rules rating from the Mid-Michigan District Health Department on 3/8/18.

The facility is equipped with two gas furnaces both of which are located in the mechanical rooms in the basement. Both mechanical rooms are equipped with a 1 ¾ inch solid wood core doors with automatic self-closing hinges and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed in sleeping areas, on each occupied floor of the home, and in the basement near all flame or heat-producing equipment. Each floor of the home is equipped with a fire extinguisher.

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

| Room                           | Room Dimensions | Total Square Footage | Total Resident Beds |
|--------------------------------|-----------------|----------------------|---------------------|
| Bedroom #1                     | 11' 7" X 12' 7" | 146 square feet      | One resident        |
| Bedroom #2                     | 11' 7" X 12' 7" | 146 square feet      | One resident        |
| Bedroom #3                     | 12' 2" X 12' 7" | 153 square feet      | One resident        |
| Bedroom #4                     | 12' 2" X 12' 7" | 153 square feet      | One resident        |
| Bedroom #5                     | 11' 8" X 13' 0" | 152 square feet      | One resident        |
| Bedroom #6                     | 11' 8" X 13' 8" | 152 square feet      | One resident        |
| Great Room                     | 14' 8" X 23' 9" | 348 square feet      |                     |
| Dining Room                    | 14' 8" X 25' 6" | 374 square feet      |                     |
| Exercise Room<br>(Lower level) | 11' 9" X 21' 8" | 255 square feet      |                     |
| Family Room<br>(Lower level)   | 20' 5" X 22' 4" | 456 square feet      |                     |

The indoor living, activity, and dining areas measure a total of 1,433 square feet of living space. This greatly exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, 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 intends to provide 24-hour supervision, protection and personal care to six male residents aged 18 and over who have been diagnosed with a developmental

disability. Potential residents should enjoy being active and busy in the local community and be willing to engage in new experiences. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Clinton, Eaton, and Ingham County Community Mental Health as well as residents with private sources of payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicants to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, along with resources located in the nearby Lansing/East Lansing area. The applicant also plans to develop short out of town trips based on the expressed desires and interests of the residents. These resources provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant is The Chosen Vision, which is a domestic “Non-Profit Corporation”, established in Michigan on July 26, 1991. The applicant submitted a current financial statement for the corporation and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of The Chosen Vision has submitted documentation appointing Tina Schrupp as licensee designee and administrator of the facility.

A criminal history background check was completed on 02/07/18 for Tina Schrupp, who will serve as both the licensee designee and administrator, and she was determined to be of good moral character to provide licensed adult foster care. Tina Schrupp submitted statements from a physician dated 02/08/18 documenting her good health and current negative tuberculosis test results.

Tina Schrupp has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Schrupp has completed her Bachelor’s Degree and Master’s Degree in Social Work. She has 22 years of experience working with developmentally disabled/cognitively impaired adults in group homes and private care settings. Her tasks included assisting residents with daily living skills, personal hygiene tasks, medication administration, and assisting clients in the community to increase independence and safety skills. Ms. Schrupp is currently employed by The Chosen Vision Corporation and works as licensee designee and administrator in three other AFC facilities owned by The Chosen Vision. Thus, Ms.

Schrump is familiar with all required licensing forms for both residents and staff members and has an excellent working knowledge of group home licensing rules. In addition, Ms. Schrump continues to provide direct care to residents, attends physician appointments, and actively helps residents achieve goals and pursue interests in the community.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff member for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant(s) acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will 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 acknowledged the 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 (s) acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



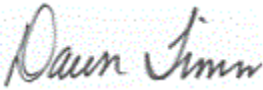
06/07/18

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Leslie Barner  
Licensing Consultant

Date

Approved By:



06/08/2018

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Dawn N. Timm  
Area Manager

Date