



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 27, 2018

Shane Metzger
David's House Ministries
2390 Banner Dr.
Wyoming, MI 49509

RE: Application #: AS410395681
Willow Tree Lodge
2231 Hope Grove Ave.
Wyoming, MI 49509

Dear Mr. Metzger:

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,

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
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410395681
Applicant Name:	David's House Ministries
Applicant Address:	2390 Banner Dr. Wyoming, MI 49509
Applicant Telephone #:	(616) 726-1703
Administrator/Licensee Designee:	Shane Metzger, Licensee Designee and Administrator
Name of Facility:	Willow Tree Lodge
Facility Address:	2231 Hope Grove Ave. Wyoming, MI 49509
Facility Telephone #:	(616) 284-4377
Application Date:	08/07/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/07/2018	Enrollment
08/07/2018	Contact - Document Sent Rule & ACT Books
08/07/2018	File Transferred To Field Office Grand Rapids
09/18/2018	Contact - Document Sent Sent incomplete application letter,
10/15/2018	Contact - Document Received Received: Application
10/15/2018	SC-Application Received - Original For Persons with Mental Illness and Developmental Disability(is).
11/08/2018	Application Complete/On-site Needed
11/08/2018	Contact - Document Received
11/08/2018	Contact - Document Received Letter stating the Board of Directors has authorized Shane Metzger to operate as the Licensee Designee and Jessica Suschil as the Administrator.
11/08/2018	Inspection Completed On-site
11/08/2018	Inspection Completed-BCAL Full Compliance
11/21/2018	Contact - Document Sent I forwarded the AFC-100 form to Ms. Garza.
11/26/2018	Contact - Document Received I received a letter from Mr. Shane Metzger stating that he would be designated as the Administrator for Willow Tree Lodge.
11/26/2018	Contact - Document Sent I forwarded the letter to Kim Garza.
11/26/2018	Contact -Document Received From Shane Metzger. The materials used by the builder which included the following: ES ICC Evaluation, Flame Control No. 166, and a print out of Makrolon the polycarbonate.

12/26/2018	Contact – Document Received From Mr. Shane Metzger, an additional floor plan.
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Applicant, David’s House Ministries, designed and built this single-story, stick -built construction, ranch style Adult Foster Care home on their property which is located within the Wyoming city limits. The home is in a quiet residential neighborhood. The home is located near four other licensed AFC homes also licensed to David’s House Ministries and Davids House. The home does not have a basement and therefore will not be required to have a floor separation. It is handicapped accessible with no required ramps because the home is just one floor and it has the two required means of exits. The home consists of a large entry way, a large dining room, a resident lounge/living room, a full kitchen, with an attached pantry, a staff room, a laundry room, a full bathroom across from the mechanical room, an office, a mechanical room, and a resident/family meeting room and a storage area. The home has six individual resident bedrooms which each having an attached bathroom. The six rooms have built in a ceiling mounted resident lift system that can take the resident from or to their bed, toilet or tub area. The home will utilize public water and sewer system.

The boiler and hot water heater are located on the main floor in an enclosed mechanical room, with two solid wood core doors with a fully stopped frame. One of the doors is equipped with an automatic self-closing device and positive latching hardware. 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. The facility is equipped with an approved pull station alarm system, located at each exit, and a sprinkled system installed throughout the home as well as in the mechanical room. The city of Wyoming requires all new residential homes be sprinkled.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	15’ 11” x 12’ 3”	195.02	1
# 2	15’ 11” x 12’ 3”	“	1
# 3	15’ 11” x 12’ 3”	“	1
# 4	15’ 11” x 12’ 3”	“	1
# 5	15’ 11” x 12’ 3”	“	1
# 6	15’ 11” x 12’ 3”	“	1

The living, dining, and sitting room areas measure a total of 1,242. 81 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 (6) male or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled/mentally impaired or TBI, 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. The applicant intends to accept residents from Kent County-DHHS, Kent County network 180 (CMH), Southwest Michigan Behavioral Health, and Citizens Insurance as a referral source and/or 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 David's House Ministries, Inc., which is a "Non-Profit Corporation" was established in Michigan, on 07/31/1989. 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 Board of Directors of David's House Ministries, Inc. have submitted documentation appointing Shane Metzger as Licensee Designee and the Administrator of the facility.

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

The licensee designee/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 six-bed facility is adequate and includes a minimum of two staff –to- six 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 one direct care staff will be awake during sleeping hours.

The applicant stated 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) 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 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 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.

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.

Arlene B. Smith

11/27/2018

Arlene B. Smith
Licensing Consultant

Date

Approved By:



11/27/2018

Jerry Hendrick
Area Manager

Date