



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 23, 2016

Kimberly and Kaylee Wrzesinski
56221 CR 384
Grand Junction, MI 49056

RE: Application #: AF800384257
Wrzesinski Family Home
56221 CR 384
Grand Junction, MI 49056

Dear Kimberly and Kaylee Wrzesinski:

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.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth Tindall".

Kenneth Tindall, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF800384257

Applicant Name: Kimberly & Kaylee Wrzesinski

Applicant Address: 56221 CR 384
Grand Junction, MI 49056

Applicant Telephone #: (269) 767-4973

Administrator/Licensee Designee: N/A

Name of Facility: Wrzesinski Family Home

Facility Address: 56221 CR 384
Grand Junction, MI 49056

Facility Telephone #: (269) 767-4973

Application Date: 08/05/2016

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/05/2016	Enrollment
08/10/2016	Inspection Report Requested - Health Inv. #1026047
08/10/2016	Application Incomplete Letter Sent SOS for Kimberly & Kaylee
08/17/2016	Comment FP's for Kimberly & Kaylee
08/18/2016	Comment SOS for Kimberly & Kaylee - ok
08/26/2016	Contact - Document Sent Rule & Act booklets
09/09/2016	Inspection Completed On-site
09/09/2016	Application Complete/On-site Needed
09/09/2016	Inspection Completed On-site
09/13/2016	Contact - Document Received
09/15/2016	Inspection Completed-Env. Health : A
09/22/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a one-story newly constructed pre-fabricated house located in a rural area near Grand Junction MI. The applicants submitted copies of approved inspections for the electrical, mechanical and plumbing permits. On file is proof of ownership and written permission from the owners to have the applicants operate an adult foster care home at this address. There are two resident bedrooms, two other bedrooms occupied by the applicants, living room, family room, dining room, kitchen, staff office, utility/furnace room and two full bathrooms. The home is wheelchair accessible and has one ramped means of egress.

My on-site inspection verified that this home is in substantial compliance with rules pertaining to environment health. On file is verification that the local health department inspected and approved the home's private water and sewer systems.

The home is in substantial compliance with rules pertaining to fire safety. On file is verification that the interconnected smoke detection system and propane furnace and water heater were installed by a qualified service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	25'1" by 14'6"	364	4
2	14'6" by 10'8"	155	2

The living, dining, and sitting room areas measure a total of 575 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

The applicants intend to provide 24-hour supervision, protection and personal care to six (6) male residents, who are developmentally disabled, mentally ill, and/or physically handicapped. The applicants also intend to provide specialized care to the mentally ill and developmentally disabled populations.

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.

The applicants will provide transportation to medical appointments and emergency transportation is available by dialing 911.

C. Applicant and Responsible Person Qualifications

The applicants are Kimberly Wrzesinski and Kaylee Wrzesinski and both have experience working in adult foster care with developmentally disabled, mentally ill and physically handicapped populations.

On file are medical, TB and criminal record clearances for both applicants.

The applicants indicated on their application that they 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 savings and 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 in order 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.

D. Rules or Statutory Violations

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

III. RECOMMENDATION

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

Kenneth Tindall

9.22.2016

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Betsy Montgomery

9/23/26

Betsy Montgomery
Area Manager

Date