



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

February 21, 2020

James Hubert  
4056 56th St SW  
Wyoming, MI 49418

RE: Application #:	AF410399963 Hubert Christian Home Care 5454 Londonderry St. SE Kentwood, MI 49508
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Dear Mr. Hubert:

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**

<b>License #:</b>	AF410399963
<b>Applicant Name:</b>	James Hubert
<b>Applicant Address:</b>	4056 56th St SW Wyoming, MI 49418
<b>Applicant Telephone #:</b>	(616) 530-2293
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Hubert Christian Home Care
<b>Facility Address:</b>	5454 Londonderry St. SE Kentwood, MI 49508
<b>Facility Telephone #:</b>	(616) 706-1366
<b>Application Date:</b>	05/28/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

05/28/2019	Enrollment
06/03/2019	Contact - Document Sent Rule Book
06/03/2019	Application Incomplete Letter Sent
08/06/2019	Contact - Document Received 1326/Fingerprint/RI 030 for James Hubert and AFC 100 for Larna Hubert
08/07/2019	File Transferred To Field Office Grand Rapids
08/14/2019	Application Incomplete Letter Sent
01/23/2020	Application Complete/On-site Needed
01/23/2020	Inspection Completed On-site
02/01/2020	Contact-Documents Received
02/21/2020	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Hubert Christian Home Care is a two-story home located in a subdivision of similarly constructed homes in the City of Kentwood. The main entrance of the home leads to the living room or straight upstairs to the second story of the home. Beyond the living room there is a kitchen and dining room with a slider door that leads down a few steps and onto an enclosed porch. Off the kitchen is a door to the attached garage and a door that leads to the lower (basement) level of the home. The lower level is where the Licensee will reside, and the residents will not utilize this area of the home. Off the dining room, there is a small hallway that has 2 main floor resident bedrooms and 1 main floor full bathroom for resident use. Hubert Christian Home Care is not wheelchair accessible and is not equipped with ramps to accommodate residents that are not mobile and require the use of a wheelchair.

An on-site inspection was completed to verify the home is in compliance with all applicable environmental health administrative rules. The home utilizes public water and public sewer systems. The onsite inspection verified the home is in compliance with rules pertaining to fire safety. The gas water heater and gas furnace are located in the basement of the home. The door leading to the basement is a 1-3/4-inch solid core door

equipped with an automatic self-closing device and positive latching hardware. The home is equipped with battery powered, single station smoke detectors that are installed near sleeping areas, in the living area and basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 main	10.17X10.08	102.51	1
2 main	10.08X7.17+12.0X7.17	72.27+86.04=158.31	1
3 upper	15.50X9.66+2.66X7.25	149.73+19.28=169.01	2
4 upper	11.58X8.50+14.0X7.58	98.43+106.65=205.08	2

The living, dining, and sitting room areas measure a total of 353 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 aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kent County-DHS (or surrounding area), Kent County CMH (or surrounding area), or private pay individuals as a referral source.

If required, behavioral intervention 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 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 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](http://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 may only reside on the main floor of the facility.

**D. Rules or Statutory Violations**

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

**VI. RECOMMENDATION**

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



02/21/2020

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Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



02/21/2020

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Jerry Hendrick  
Area Manager

Date