



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 29, 2023

Jacquelyn Williams
7481 Eastern Ave
Grand Rapids, MI 49508

RE: Application #: AM410415085
Angels of Care #1
2841 32nd St
Kentwood, MI 49512

Dear Ms. Williams:

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 12 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) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW".

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410415085
Applicant Name:	Jacquelyn Williams
Applicant Address:	7481 Eastern Ave Grand Rapids, MI 49508
Applicant Telephone #:	(616) 885-6466
Administrator/Licensee Designee:	N/A
Name of Facility:	Angels of Care #1
Facility Address:	2841 32nd St Kentwood, MI 49512
Facility Telephone #:	(616) 885-6466
Application Date:	12/06/2022
Capacity:	9
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/06/2022	Enrollment
12/06/2022	Application Incomplete Letter Sent App Inc ltr w/1326, RI-030, and AFC-100
12/09/2022	Inspection Report Requested - Fire Fire string sent
12/12/2022	Contact - Telephone call received Licensee called about status, and provided new email address. I resent the documents and the fire string.
12/20/2022	Contact - Document Received RI-030, AFC-100, and 1326
12/22/2022	Comment sent request to have fingerprints uploaded
12/27/2022	Comment ICHAT referred to Leslie
02/02/2023	Application Incomplete Letter Sent
03/27/2023	Application Complete/On-site Needed
03/27/2023	Inspection Completed On-site
03/27/2023	Inspection Completed-Env. Health: A
08/18/2023	Inspection Completed-Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility was previously licensed as a small group home under AS410384414. This single-story home is located in a residential neighborhood in the city of Kentwood. The home is within ten minutes of hospital services, pharmacists, physicians, ambulance services, recreational services, retail shops and restaurants. The ranch style home was specifically built for Adult Foster Care residents. The home has an attached two stall garage. Off of the back of the home, there is a large wooden deck. The main floor of the home has a large dining area, kitchen, living room, staff office, laundry room, two full size bathrooms, and five resident bedrooms. The home is wheelchair accessible and has two approved means of egress that are at ground level. The home will utilize public water and sewage. The gas furnace and water heater are located in the basement of the home. The floor is separated by a 1-3/4-inch solid core door in a fully stopped

frame, equipped with an automatic self-closing device and positive latching hardware. The basement is not for resident use at this time. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a license electrician and is fully operational. The licensee has applied for a Special Certification.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' X 12'	132 sq. ft.	2
2	11' X 10'; 4' X 6'	134 sq. ft.	2
3	12'5" X 13'8"	172 sq. ft.	2
4	12'5" X 13'8"	172 sq. ft.	2
5	10' X 7'	70 sq. ft.	1

The dining room and living room areas measure a total of 738 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 **9** 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 sixteen male or female ambulatory and non-ambulatory adults whose diagnosis is aged, physically handicapped, developmentally disabled or diagnosed with mental illness in the least restrictive environment as possible. The facility program will include personal hygiene assistance, teaching daily living skills and safety skills. The program will also assist case managers with individual behavior programs and help improve or maintain individual level of functioning.

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 facility will help arrange medical and psychiatric appointments as needed. 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.

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.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and 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 has 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 9-bed facility is adequate and includes a minimum of 1 staff -to- 9 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents.

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 residents' 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.

C. 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 medium group home (capacity 9).

Megan Aukerman, MSW

08/29/2023

Megan Aukerman
Licensing Consultant

Date

Approved By:

Jerry Hendrick

08/29/2023

Jerry Hendrick
Area Manager

Date