



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

March 8, 2004

Charles and Kerry Grayson  
6240 Pinecrest Drive  
Zeeland, MI 49464

RE: Application #: AF700263375  
**THE GRAYSONS**  
6240 Pinecrest Drive  
Zeeland, MI 49464

Dear Mr. and Ms. Grayson:

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 3 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Terry Buit, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0110

Enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF700263375
<b>Applicant Name:</b>	Charles and Kerry Grayson
<b>Applicant Address:</b>	6240 Pinecrest Drive Zeeland, MI 49464
<b>Applicant Telephone #:</b>	(616) 875-8219
<b>Administrator/Licensee Designee:</b>	Kerry Grayson
<b>Name of Facility:</b>	The Graysons
<b>Facility Address:</b>	6240 Pinecrest Drive Zeeland, MI 49464
<b>Facility Telephone #:</b>	(616) 875-8219
<b>Application Date:</b>	12/10/2003
<b>Capacity:</b>	3
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

12/10/2003	Enrollment
12/11/2003	Inspection Report Requested - Health
12/12/2003	Comment - Transferred entire file to Grand Rapids.
01/05/2004	Inspection Completed-Env. Health : B
01/14/2004	Inspection Completed On-site
01/14/2004	Inspection Completed-BFS Sub. Compliance
01/14/2004	Corrective Action Plan Received
01/14/2004	Corrective Action Plan Approved
03/01/2004	Inspection Completed-BFS Full Compliance
03/02/2004	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-story facility in Borculo, which is a small town in rural Ottawa County. The main level contains a double occupancy AFC bedroom, living room, dining room, kitchen, and half bathroom. The second floor contains a single occupancy AFC bedroom, licensee family bedrooms, and full bathroom. The basement contains the heating plant, water heater, and family recreation area. The facility is the property of Ms. Grayson's parents who have provided a right to occupancy document.

### B. Program Description

Mr. and Ms. Grayson are the joint licensees. Ms. Grayson will provide the major portion of resident care and supervision. Until late 2003, the licensees were live-in managers of an 11-bed group home in Ottawa County. That facility accommodated mentally ill men and women. The licensees have completed the group home training curriculum at Ottawa County CMH. The licensees are highly recommended by Ottawa county CMH and Ottawa County FIA. Rebecca Pagan will be the relief staff.

The licensees' two children (ages 7 and 10) also live in the facility.

The licensees will accept female residents aged 18 and above with various disabilities. The licensees prefer residents who are in day programs. Smoking is permitted on the back porch only.

The licensees' record keeping arrangement is basically that of an AFC group home.

**C. Rule/Statutory Violations**

Upon inspection, this facility was found to be in full compliance.

**IV. RECOMMENDATION**

It is recommended that these licensees be given a temporary license to care for 3 adult foster care residents.

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Terry Buit  
Licensing Consultant

Date

Approved By:

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Jack Failla  
Area Manager

Date