

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



August 18, 2004

Jinane Itani 5 Valley NW Grand Rapids, MI 49504

RE: Application #: AF410267958

Nano's Care

813 Pine Ave. NW

Grand Rapids, MI 49504

Dear Ms. Itani:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 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,

Grant Sutton, Licensing Consultant Office of Children and Adult Licensing Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 356-0117

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #**: AF410267958

Applicant Name: Jinane Itani

**Applicant Address:** 5 Valley NW

Grand Rapids, MI 49504

**Applicant Telephone #:** (616) 458-8444

Administrator/Licensee Designee: N/A

Name of Facility: Nano's Care

Facility Address: 813 Pine Ave. NW

Grand Rapids, MI 49504

**Facility Telephone #:** (616) 292-2514

06/16/2004

**Application Date:** 

Capacity: 6

Program Type: MENTALLY ILL

**DEVELOPMENTALLY DISABLED** 

#### II. METHODOLOGY

06/16/2004	Enrollment
08/11/2004	Inspection Completed On-site
08/11/2004	Inspection Completed-BFS Sub. Compliance
08/11/2004	Corrective Action Plan Received
08/11/2004	Corrective Action Plan Approved
08/18/2004	Follow up inspection

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two-story home with a finished, walkout basement located in the city on the northwest side of Grand Rapids. The main floor consists of a living room, kitchen and eating area, formal dining room, two bedrooms (for the licensee and her family), and a full bath (used primarily by the licensee and her family). The second floor has a full bathroom, 3 resident bedrooms, and a 4<sup>th</sup> bedroom that the licensee will use for storage. Access to the walk-up attic is gained from the 4<sup>th</sup> bedroom. The furnace and laundry facilities are located in the basement. The facility is near a city bus line.

## **B. Program Description**

The licensee will accept referrals of adults with a mental illness and/or a developmental disability and the aged. The licensee asks that residents be involved in a day program or job during weekdays. The licensee will assist in arranging transportation for residents to appointments, as needed.

### C. Rule/Statutory Violations

None.

## IV. RECOMMENDATION

I recommend a temporary fami residents.	lly home license be granted with a capacity of 6
Grant Sutton Licensing Consultant	Date
Approved By:	
Yolanda Sims Area Manager	Date