



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW  
DIRECTOR

August 23, 2005

Vickie Runyon  
Jerry's Dreams  
PO Box 1086  
Grand Rapids, MI 49501

RE: Application #: AS410269764  
Jerry's Dreams #3  
1126 W. Leonard Ct.  
Walker, MI 49544

Dear Ms. Runyon:

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 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 DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS410269764

**Applicant Name:** Jerry's Dreams

**Applicant Address:** 742 Worden S.E.  
Grand Rapids, MI 49507

**Applicant Telephone #:** (616) 453-5613

**Administrator/Licensee Designee:** Vickie Runyon, Designee  
Paris Manuel, Administrator

**Name of Facility:** Jerry's Dreams #3

**Facility Address:** 1126 W. Leonard Ct.  
Walker, MI 49544

**Facility Telephone #:**

**Application Date:** 09/07/2004

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

09/07/2004	Enrollment
10/11/2004	Contact - Face to Face Applicant requested that application be held for 6-8 mos.
03/23/2005	Contact - Face to Face Applicant noted that building identified for facility is not yet available
04/20/2005	Contact - Telephone call made Message left; status?
05/19/2005	Contact - Telephone call made Status? Facility not available yet.
08/08/2005	Contact - Telephone call received Almost ready for inspection; scheduled for 8/22
08/22/2005	Inspection Completed On-site
08/22/2005	Inspection Completed-BFS Sub. Compliance
08/22/2005	Corrective Action Plan Received
08/22/2005	Corrective Action Plan Approved
08/23/2005	Inspection Completed –BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is located in suburban Walker, on a cul de sac of similarly constructed homes. The facility is one half of a raised ranch style duplex. The main floor consists of a living room, kitchen & dining area, one full bathroom, and two bedrooms. The lower, walk out level has a sitting area, a full bathroom, two bedrooms, and the furnace/hot water heater room.

The living space for residents meets the rules and requirements for an Adult Foster Care Small Group Home. The specific dimensions of the resident bedrooms are as follows; #1 (main floor) = 14'4" x 14', #2 (main floor) = 15' x 14', #3 (lower level) = 13'3" x 11' 3", and #4 (lower level) = 13'8" x 13'8". The facility is not barrier free or handicap accessible.

## **B. Program Description**

The licensee plans to work with men or women, ages 18 to older age. Populations identified are individuals with a mental illness and/or a developmental disability and the aged. The licensee has experience and applicable training for working with the populations identified. Admission and discharge criteria as well as a program statement outlining the program have been developed by the licensee and are on file with the Department.

The licensee encourages physical activity as is tolerated by the individual such as walking around the cul de sac. Residents who are able can walk to a nearby convenience store.

The facility is located approximately a half a mile from a city bus stop for individuals able to use the city bus. The licensee will facilitate arrangements for use of the Go!bus for residents unable to utilize public transportation to get to appointments, work, etc..

The licensee was informed that, pursuant to MCL 400.713(3)(e), she is responsible for assessing the good moral character of any person who provides care for residents of this facility under the direction, or in place of, the licensee. The licensee provided a description of her process to determine good moral character.

The licensee was informed of those rules related to the handling and accounting of resident funds and valuables.

## **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC small group home (capacity 6).

\_\_\_\_\_  
Grant Sutton Date  
Licensing Consultant

Approved By:

\_\_\_\_\_  
Jack R. Failla Date  
Area Manager