



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

November 3, 2005

Mary and John Gould  
17288 180th Ave.  
Leroy, MI 49655

RE: Application #: AF670277211  
Shady Pines AFC  
17288 180th Ave.  
Leroy, MI 49655

Dear Mr. And Mrs. Gould:

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,

Connie Yolles, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0118

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF670277211
<b>Applicant Name:</b>	Gould, Mary and Gould, John
<b>Applicant Address:</b>	17288 180th Ave. Leroy, MI 49655
<b>Applicant Telephone #:</b>	(231) 768-4410
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Shady Pines AFC
<b>Facility Address:</b>	17288 180th Ave. Leroy, MI 49655
<b>Facility Telephone #:</b>	(231) 768-4410 07/05/2005
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

07/05/2005	Enrollment
07/08/2005	Inspection Report Requested - Health
07/08/2005	Application Incomplete Letter Sent Page 4 sent back for John's signature & 1326 for John.
07/20/2005	Contact - Telephone call received Mary put the wrong address on her
07/20/2005	Contact - Telephone call received Mary put the wrong address on the application Page 1 sent back for changes. Also, contacted Environmental health to let them know the change.
07/27/2005	Inspection Completed-Environmental Health : A
08/02/2005	Contact - Telephone call made To Mary and to CO to find the rest of the app packet. Sharon will send it to me.
08/08/2005	Contact - Document Sent Payment authorization to Lansing
08/08/2005	Inspection Completed On-site
08/08/2005	Inspection Completed-BFS Sub. Non-Compliance
08/08/2005	Application Incomplete Letter Sent
10/31/2005	Inspection Completed On-site
10/31/2005	Inspection Completed-BFS Sub. Compliance
11/3/2005	Inspection Completed On-site
11/3/2005	Inspection Completed-BFS Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The licensees, Mary and John Gould, own the home and plan to live in the home once the home is licensed. The licensees currently run a family home next door to this home,

which will be their new Adult Foster Care home. The home is a ranch style home of frame construction with a walk out on the lower level of the home. The residents have access to all areas of the home and are looking forward to moving into their new home. The home is located in a rural area of Osceola County, about one and one-quarter miles north of Leroy, MI. The yard is very large and the home sits well back from the road. The resident bedroom areas are located on the main level of the home and on the walkout level.

There are four resident bedrooms. Two are located on the walk out level of the home and one is private and the other will accommodate 4 residents. The bedrooms are of the following sizes:

- 20' 1 ½" x 15', (300 sq. ft.) this room will accommodate four residents in four beds. This room also has a very large walk in closet.
- 12' 7 1/2" x 9' 6" (124.5 sq. ft.) this room will accommodate 1 resident.

The main level of the home has 3 bedrooms, one of which will be occupied by the licensee and one by a resident. The third bedroom will be a guest room or used for a resident that may need a private room. The bedroom occupied by the resident is:

- 9'11" x 9'8" (96 sq. ft.) this room will be occupied by one resident.

The guest room may be occupied by a resident at a future date and is:

- 12'3" x 8'2" (100 sq. ft.) this room will be occupied by one resident.

The living area on the main level is very large and exceeds rule requirements for common areas. There is a living room and family room on the main level and a TV room on the walk out level for use by residents.

An environmental health inspection was completed by the /central Michigan District Health Department on 7-24-2005 and the home was found to be in full compliance with the environmental health rules. There is no public water or sewer system available at the home.

This consultant on 10-31-2005 completed a fire safety inspection and the home was found to be in full compliance with the administrative rules.

## **B. Program Description**

Mary and John Gould, the licensees, are of good moral character based on the record checks completed by the department on 7-7-2005 and 7-19-2005. The applicants were in serviced on the requirements of the statute and rules governing Adult Foster Care and the applicant has a process in place to determine the good moral character of employees. The licensees were in serviced on the handling of resident funds and have a procedure in place to assure compliance with those rules related to the handling and accounting of resident funds.

The applicants signed a statement indicating that they have sufficient resources to provide for the operation of the home, which provides documentation of financial capability and stability. The applicant had submitted appropriate records to show ownership of the home.

The applicants currently operate an adult foster care home and plan to bring the residents currently living in their home to this home. The applicants have been providing foster care for persons with a developmental disability since 1999. Mrs. Gould worked as a direct care worker prior to becoming licensed. Both licensees had a physical exam completed that states that they are in good physical and mental condition to provide care for AFC residents. Shady Pines will provide basic and specialized care for persons with a developmental disability, male or female. The AFC home will provide recreational activities in the home and will provide outings for residents. The licensee will provide transportation to medical appointments and other activities, as needed. The home is in a rural area with access to shopping, restaurants, recreation, the library, hospital and churches within about a 15-mile radius.

### **C. Rule/Statutory Violations**

There were no rule non-compliances at the final inspection of the home.

## **IV. RECOMMENDATION**

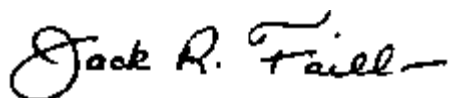
I recommend the issuance of a temporary license to this AFC home for 6 ambulatory residents.

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Connie Yolles  
Licensing Consultant

Date

Approved By:



11/3/05

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Jack R. Failla  
Area Manager

Date

