



JENNIFER M. GRANHOLM  
GOVERNOR

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



MARIANNE UDOW  
DIRECTOR

November 18, 2005

Diane Wildrom  
2171 Monte Avenue  
Muskegon, MI 49444

RE: Application #: AF610279071  
Plan B Adult Foster Care  
2171 Monte Avenue  
Muskegon, MI 49444

Dear Mrs. Wildrom:

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 4 is issued effective 11-18-2005 through 5-17-2006.

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) 356-0100.

Sincerely,

Jerry Hendrick, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 356-0112

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610279071
<b>Applicant Name:</b>	Diane Wildrom
<b>Applicant Address:</b>	2171 Monte Avenue Muskegon, MI 49444
<b>Applicant Telephone #:</b>	(231) 739-5095
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Plan B Adult Foster Care
<b>Facility Address:</b>	2171 Monte Avenue Muskegon, MI 49444
<b>Facility Telephone #:</b>	(231) 739-5095
<b>Application Date:</b>	09/15/2005
<b>Capacity:</b>	4
<b>Program Type:</b>	AGED

## **II. METHODOLOGY**

09/15/2005	Enrollment
09/20/2005	Inspection Report Requested - Health
09/20/2005	File Transferred To Field Office G.R.
09/26/2005	Contact - Telephone call made Left message regarding scheduling a renewal inspection
10/03/2005	Application Incomplete Letter Sent
10/13/2005	Inspection Completed On-site
10/13/2005	Inspection Completed-BFS Sub. Compliance
11/04/2005	Contact - Telephone call received Called to schedule re-inspection
11/16/2005	Inspection Completed On-site
11/16/2005	Inspection Completed - BFS Full Compliance

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

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

This home is a well-maintained ranch style, single occupancy dwelling, that was built in 1975. The home is located in a residential neighborhood consisting of other similar style homes. The home is in an area that could be described as rural, however there are several restaurants and small businesses with a short distance of the home.

The four adult foster care residents will occupy the main level of this home along with the licensee and licensee's spouse. This level includes three bedrooms, two bathrooms, a living room, dining room, kitchen and family room. Exits from the home are located off of the front (living room), the rear (family room) and through the garage (kitchen).

The lower level of this home will accommodate the licensee's daughter. This lower level includes the washer and dryer as well as the home's furnace and water heater. The lower level of the home will be considered off-limits to the adult foster care residents.

The resident bedroom measurements are as follows:

Bedroom #1...19 feet by 11 feet  
Bedroom #2...15 feet by 9 feet

## B. Program Description

This program will serve up to four female adults who are aged. The licensee will serve as the primary caregiver in the home however the licensee's spouse may also assist in this area. The licensee will require that all residents are "mobile" as the home is not wheelchair accessible. The licensee has also indicated that residents who are "bedfast" or who require continuous nursing care will not be accepted. The licensee will require a written Health Care Appraisal for each resident prior to all admissions.

House rules have been established by the licensee and will be provided to all residents prior to admission. A copy of these rules has been submitted and will be retained in the facility file. While the licensee does not intend to employ any additional workers in her home, she has established a procedure for determining the good moral character of anyone that assumes resident care responsibilities. The licensee has also established a procedure for ensuring compliance with rules relating to the handling and accounting of resident funds.

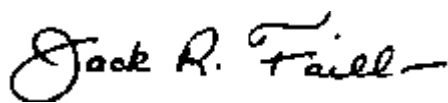
## IV. RECOMMENDATION

It is recommended that an original license with a capacity of 4 be issued effective 11-18-05 through 5-17-06.

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Jerry Hendrick	Date
Licensing Consultant	

Approved By:

 11/18/05

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Jack R. Failla	Date
Area Manager	