

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



March 10, 2006

David Fennell 118 Belleview Dr. Ionia, MI 48846

RE: Application #: AF340280762

Belleview AFC 118 Belleview Dr. Ionia, MI 48846

Dear Mr. Fennell:

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 (517) 241-2488.

Sincerely,

Gregory Rice, Licensing Consultant Office of Children and Adult Licensing

7109 W. Saginaw P.O. Box 30650 Lansing, MI 48909 (517) 241-1681

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF340280762

Applicant Name: David Fennell

Applicant Address: 118 Belleview Dr.

Ionia, MI 48846

Applicant Telephone #: (616) 527-9927

Administrator/Licensee Designee: N/A

Name of Facility: Belleview AFC

Facility Address: 118 Belleview Dr.

Ionia, MI 48846

Facility Telephone #: (616) 527-9927

11/30/2005

Application Date:

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

AGED

PHYSICALLY HANDICAPPED TRAUMATIC BRAIN INJURY

II. METHODOLOGY

11/30/2005	Enrollment
12/21/2005	Inspection Report Requested - Health
12/21/2005	Inspection Completed On-site
12/21/2005	Inspection Completed-BFS Sub. Compliance
03/03/2006	Inspection Completed-Environmental Health : A
03/09/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single story structure with a basement. The main floor of the home includes a large living room, a dining area, a family room, a kitchen, two full bathrooms, two resident bedrooms, 2 foster family bedrooms and a unheated three seasons room.

An open stairway leads to the basement. The furnace and hot water heater are located in an enclosed furnace room. The laundry room is in the basement.

The home is located on the south side of Ionia, Michigan in close proximity to the downtown area.

The rooms have the following area:

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Living room 20 X 14-7 - 290 sq. ft.
Dining room 10 x 11-9 - 117 sq. ft.
Family room 18-9 X 12-4 - 231 sq.ft.
NW resident bedroom - 10-9 x 13-5 - 144 sq. ft.(2 residents)
W resident bedroom - 10-6 X 13-5 - 141 sq. ft. (2 residents)
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At this time, the applicant indicates that only 1 resident will reside in the NW bedroom.

The home will be licensed for 3 residents.

The home has public water and a private sewage disposal system. The Ionia County Health Department inspected and approved the sewage disposal system.

The home has smoke detectors and is in compliance with fire safety rules.

The applicant and his wife own the home.

B. Program Description

1. Administrative structure and capability

David Fennell is the applicant for the Belleview AFC home. Mr. Fennell will live in the home with his wife and seven year old grandson. David Fennell will be the primary caregiver. Mrs. Fennell works outside the home, but will also provide direct resident care at night and on weekends.

2. Qualifications and competencies

The department has received acceptable licensing record clearances, medical certifications and TB test results on the applicant.

This is Mr. Fennell's first time operating an adult foster care home. However, Mr. Fennell has provided care to a relative with traumatic brain injury. Mrs. Fennell has cared for a relative who has cerebral palsy and moderate mental retardation.

3. Program information

The home will provide room and board, personal care and supervision for adults. The applicant has indicated that the home will care for elderly, developmentally disabled and physically handicapped residents. The home will also provide care to individuals with traumatic brain injury.

Mr. and Mrs. Fennell said they would provide activities based on resident interest. They indicated that activities could include card and board games, art and crafts, outdoor activities and community outings. The applicant indicated that medical services would be coordinated with the resident's immediate family and responsible agency. The applicant indicated that the home would provide transportation to local appointments.

David Fennell indicated that Ionia has 911 services.

Mr. Fennell indicated that the home would admit public and private pay individuals. The applicant indicated that the home would prefer to admit women, but would also consider admitting men. The home will not admit smokers. The front exit of the home is at grade level and therefore the home can accommodate individuals using wheel chairs.

The licensing consultant reviewed resident record keeping requirements with the applicants.

C. Rule/Statutory Violations

There are no outstanding rule violations.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

Gregory Rice	3/10/2006
Gregory Rice	Date
Licensing Consultant	

Approved By:

Kathleen S. Sinnamon Date

Area Manager