



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

May 12, 2006

Sabri Balla
820 Powers NW
Grand Rapids, MI 49504

RE: Application #: AF410282195
Savi-K
3824 Walker N.W.
Grand Rapids, MI 49544

Dear Mr. Balla:

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 #:	AF410282195
Applicant Name:	Sabri Balla
Applicant Address:	820 Powers NW Grand Rapids, MI 49504
Applicant Telephone #:	(616) 235-9799
Administrator/Licensee Designee:	N/A
Name of Facility:	Savi-K
Facility Address:	3824 Walker N.W. Grand Rapids, MI 49544
Facility Telephone #:	(616) 235-9799
Application Date:	03/07/2006
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/07/2006	Enrollment
03/10/2006	Inspection Report Requested - Health 1010166
03/10/2006	File Transferred To Field Office Grand Rapids
03/16/2006	Contact - Document Received File received in Grand Rapids
03/20/2006	Application Incomplete Letter Sent
03/23/2006	Inspection Completed-Env. Health: A
04/14/2006	Inspection Completed On-site
05/09/2006	Inspection Completed On-site – BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly constructed ranch style home located in suburban Walker. The main floor will be used by the licensee and his family and consists of a living room, dining area, kitchen, two full bathrooms, three bedrooms, a Florida room, and a laundry room. The lower, walk out level will be utilized by the residents and consists of a living room & dining area, kitchen, one full and one ½ bathroom, three bedrooms, a laundry room, office, and furnace/utility room.

The living space for residents meets the rules and requirements for an Adult Foster Care Family Home. The specific dimensions for the resident bedrooms are as follows:

Bedroom #1 is 13' x 12' = 156 sq. ft.	2 residents
Bedroom #2 is 17' x 12' = 204 sq. ft.	2 residents
Bedroom #3 is 12' x 15' = 180 sq. ft.	2 residents

B. Program Description

The SAVI-K adult foster care home will provide 24 hour supervision, protection, and personal care to six (6) adult men (over the age of 18) who have a developmental disability and/or a mental illness and/or who are aged. The resident area is barrier free, allowing for consideration of referrals of physically handicapped individuals. The licensee will accept referrals from the local Community Mental Health Board. The licensee has extensive experience working with the populations identified.

The applicant will encourage and facilitate resident participation in activities as they are available and as the residents are interested, both within the facility and in the community. The licensee will work with residents, guardians, and supports coordinators to develop and support each resident's Person Centered Plan.

The applicant will work with guardians and supports coordinators to insure that residents have transportation to day programming (if involved) and to appointments, as they arise.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no lein convictions recorded for the applicant or responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day and 7 days a week with the responsible person on call to provide supervision and relief.

The applicant acknowledges an understanding of the additional training and qualification requirements for the responsible person(s) or volunteers providing a specialized program. The applicant acknowledges that prior to any individual working in the home in this capacity or providing care to residents in the home, that each person will have completed training and have been determined qualified by the applicant.

The applicant was informed that he is responsible for assessing the good moral character of any person who provides care for residents of this facility under the direction of, or in place of, the licensee. The applicant has expressed that FBI finger printing and the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or volunteers that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges his responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges his responsibility to maintain a current employee record on file in the home for the licensee, responsible person(s), or volunteer(s) and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding admission criteria and procedural requirements for issuing a 30 day discharge written notice to a resident as well as when a resident can be discharged before issuance of a 30 day written discharge notice.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is his intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The applicant acknowledges his responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

IV. RECOMMENDATION

I recommend issuance of a temporary license for this Adult Foster Care family home (capacity 6).



05/12/2006

Grant Sutton
Licensing Consultant

Date

Approved By:



05/12/2006

Christopher J. Hibbler
Area Manager

Date