



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

August 1, 2006

Winifred Rippy  
1949 Smith Ave  
Ypsilanti, MI 48198

RE: Application #: AF810282359  
Smith Home  
1949 Smith Avenue  
Ypsilanti, MI 48198

Dear Ms. Rippy:

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 (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant  
Office of Children and Adult Licensing  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 780-7548

enclosure

cc: Adult Services, Washtenaw Co. D.H.S.  
Liz Spring, C.S.T.S., Washtenaw Co. Health Organization

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF810282359
<b>Applicant Name:</b>	Winifred Rippy
<b>Applicant Address:</b>	1949 Smith Ave Ypsilanti, MI 48198
<b>Applicant Telephone #:</b>	(734) 483-1039
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Smith Home
<b>Facility Address:</b>	1949 Smith Avenue Ypsilanti, MI 48198
<b>Facility Telephone #:</b>	(734) 483-1039 04/21/2006
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

This investigation included a review of the application forms and supporting documents, processed medical clearances, applicant financial reports, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows:

04/21/2006	Enrollment
05/08/2006	Application Incomplete Letter Sent
05/23/2006	Inspection Completed
05/23/2006	Contact - Document Received Certain required documents received from licensee
07/12/2006	Contact - Telephone call made Left message inquiring of their progress and status re: corrections required in confirming letter
07/12/2006	Contact - Document Received Documentation required for license issuance.
07/13/2006	Contact - Telephone call made Left message that certain requested documents were not submitted as stated in CAP
07/15/2006	Contact – Documents received Further documentation required for license issuance
07/26/2006	Final On-site inspection completed
08/01/2006	Required documentation received from licensee for licensee issuance (Verification of corrective action)

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Description:

The facility is located in a subdivision in Ypsilanti Township. It is a brick and beige sided two-story home. The front entrance opens to a large foyer. This foyer opens to one of two large living areas located on the 1<sup>st</sup> floor. The living area to the left also adjoins the facility dining area. Off the foyer are a corridor to the facility kitchen and a stairway to the 2<sup>nd</sup> floor that contains the resident bedrooms. This same corridor off the front foyer also contains entrances to the facility basement, private bedroom, and a private office. Each floor has a full bathroom available to residents.

A sliding glass door wall located off the kitchen opens to the facility backyard and a patio.

The facility contains central air conditioning. Laundry facilities are located in the basement.

The three 2<sup>nd</sup> floor bedrooms licensed for residents are located and measure as follows:

Northwest corner bedroom: 12'4" X 8' + 3'8" X 8'5" = 130 square feet (2)\*

Northeast corner bedroom: 11'4" X 12' = 136 square feet (2)

East bedroom: 11'4" X 11'8" = 132 square feet (2)

\*( ) Denotes the number of licensed beds

The facility is not wheelchair accessible and unable to accept residents with impaired mobility due to the absence of a "street floor" and resident bedrooms only on the 2<sup>nd</sup> floor.

## 2. Sanitation:

The facility is on a municipal water and sewer system.

## 3. Fire Safety:

A natural gas-fired forced-air furnace located in the basement of the facility heats the facility. The facility gas-fired hot water heater is also located adjacent to the furnace.

A copy of the facility heat plant inspection report conducted by a heating contractor on July 14, 2006, is contained in the licensing record.

A wood-fired fireplace is located in the 1<sup>st</sup> floor south living area. The licensee has submitted a statement that this fireplace will not be used, and a copy of the statement is retained in the licensing record.

The facility is protected throughout by a series of battery-operated smoke detectors.

## **B. Program Description**

### 1. Administrative structure and capability:

Licensing for this facility is based upon Public Act 218 and the administrative rules for family homes.

The household consists of the licensee and her husband.

The licensee currently works part-time for the Detroit Board of Education as a schoolteacher. She provided verification of completion of a Bachelor Degree from the Detroit Institute of Technology in sociology. She reported she previously worked for Judson Center for 7 years in a licensed adult foster care facility for persons with developmental disabilities.

Criminal background checks were conducted on the licensee and the adult members of the household via the Michigan State Police database.

The only responsible person the licensee identified is a volunteer; therefore, this volunteer isn't required to complete a criminal background check. The current required background check procedures for employees were reviewed with the licensee.

## 2. Qualifications and competencies

Winifred Rippy will train responsible persons regarding the care requirements of the residents of the facility.

Winifred Rippy was determined by a physician to have good physical and mental condition and health to be in contact with or around dependent adults. A copy of her Licensing Medical Clearance is contained in the licensing record.

According to information supplied by the applicant, she has sufficient financial capability and stability to operate an adult foster care facility at this time.

## 3. Program information

The applicant will be providing care to an aged male population.

Compliance with the administrative rules regarding personal care, supervision, and protection will be evaluated after residents are admitted to the home during the temporary license.

## 4. Facility and Employee records

The required records for an adult foster care home were reviewed with Winifred Rippy on July 26, 2006. An initial supply of forms was provided to her at that time. It was recommended that she establish individual resident record files with required forms prior to admission of residents. They were also advised to establish a separate file or record for each responsible person.

All employee and resident records will remain in the licensed facility.

5. Resident care, services, & records:

The rules pertaining to resident protection, supervision, personal care, rights, assessment, behavior management, health care, nutrition, medications, hygiene, funds and valuables were reviewed with Winifred Rippy on July 26, 2006. At the time of the final, on-site inspection, the licensees intended to utilize a locking cabinet to store resident medications.

6. Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

**IV. RECOMMENDATION**

It is recommend that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to 6 aged male ambulatory adults.



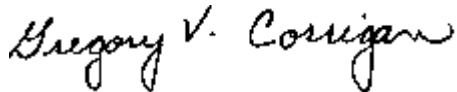
8/1/06

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Chuck Wisman  
Licensing Consultant

Date

Approved By:



8/1/06

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Gregory V. Corrigan  
Area Manager

Date