



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

August 21, 2006

Reeves, Randy and Bonnie  
8805 Bologna Dr.  
Las Vegas, MI 89117

RE: Application #: AM130281778  
Reeves Adult Foster Care  
20544 McAllister Rd.  
Battle Creek, MI 49016

Dear Reeves, Randy and Bonnie:

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 12 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,

Kenneth Tindall, Licensing Consultant  
Office of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 337-5264

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM130281778

**Applicant Name:** Reeves, Randy and Bonnie

**Applicant Address:** 8805 Bologna Dr.  
Las Vegas, MI 89117

**Applicant Telephone #:** (702) 804-0574

**Administrator/Licensee Designee:** Bonnie Reeves

**Name of Facility:** Reeves Adult Foster Care

**Facility Address:** 20544 McAllister Rd.  
Battle Creek, MI 49016

**Facility Telephone #:** (269) 962-3628  
02/03/2006

**Application Date:**

**Capacity:** 12

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/16/2005	Inspection Completed-Env. Health : A
02/03/2006	Enrollment
02/09/2006	Inspection Report Requested - Fire Change of Ownership
02/09/2006	Application Incomplete Letter Sent re: record clearances from previous state
03/17/2006	Application Complete/On-site Needed
04/28/2006	Inspection Completed On-site
04/28/2006	Inspection Completed-BFS Sub. Compliance
05/08/2006	Application Incomplete Letter Sent
05/26/2006	Inspection Completed On-site
05/26/2006	Contact - Document Received facility documents
07/13/2006	Inspection Completed-Fire Safety : C
08/03/2006	Inspection Completed-Fire Safety : A
08/21/2006	Inspection Completed-BFS Full Compliance
08/21/2006	Document received-proof of ownership via fax.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This rural home was previously licensed with a capacity for 12 (AM130007965). It is a two story, wood frame house with a basement. Residents will occupy the 1<sup>st</sup> floor only and the licensees and their daughter will occupy the 2<sup>nd</sup> floor, which has a second full bathroom. The 1<sup>st</sup> floor has a kitchen, dining area, living room, 6 resident bedrooms, enclosed porch, and a large bathroom area. Residents confined to wheelchairs cannot be accommodated. Documentation on file verifies compliance with space requirements. Proof that the licensees own this property is on file. Proof of zoning approval is on file.

This home has private water and sewer. On file is a report from the Calhoun County Health Department indicating applicable rule compliance for Environmental Health.

The home has an interconnected, hardwired smoke detection system. On file is a report from the Bureau of Construction Codes and Fire Safety giving full approval for rules pertaining to fire safety.

## **B. Program Description**

The licensees are Randy and Bonnie Reeves. Bonnie Reeves is the administrator. They also have 1 full time direct care staff person who meets applicable rule requirements. Medical, TB, criminal record clearances and evidence of competency requirements for Mr. and Mrs. Reeves were reviewed and are on file.

This home is approved to provide care for Mentally Ill, Developmentally Disabled, Aged, and Physically Handicapped populations. Males only are accepted. Smoking is allowed in designated areas only. The licensees' admission/discharge policies are consistent with AFC Small Group Home rules. Short-term care may be available.

Transportation services will be specified in the resident care agreements. Emergency medical transportation is available by dialing 911.

The licensee will issue and review a copy of resident rights with each admission. The licensee was provided with all necessary resident record forms to permit rule compliance. Facility documents required by rule were reviewed and are on file.

A review of the application and support documents indicates substantial compliance with rules regarding financial capability of the licensees.

The licensees were informed that, pursuant to MCL 400.713(3)(e), they are responsible for assessing the good moral character of any person who provides care for residents of this facility under the direction, or in the place of the licensees. Additionally, a copy of Public Act No. 29 was explained and provided to the licensees.

## **C. Conclusions**

This study is based upon Act No. 218 or the Public Act of 1979, as amended, and the Administrative Rules governing the operation of small group homes (12 or less). Technical assistance was provided to the applicants on Act and administrative rule requirements related to residential care and programming, resident and employee record keeping including the handling and accounting of resident funds, and Fire and Environmental Safety.

The applicants are found to be in substantial compliance with the licensing act and applicable administrative rules.

**IV. RECOMMENDATION**

I recommend issuance of a temporary six-month license to this AFC adult small group home (capacity 12).

*Kenneth Tindall*

8.21.2006

---

Kenneth Tindall  
Licensing Consultant

Date

Approved By:

*Gregory V. Corrigan*

8.21.2006

---

Gregory V. Corrigan  
Area Manager

Date