



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

July 12, 2006

Brian Tidd  
Thresholds  
1225 Lake Drive SE  
Grand Rapids, MI 49506

RE: Application #: AL410280502  
Villa East Group Home  
3000 Porter St. SW  
Grandville, MI 49418

Dear Mr. Tidd:

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 20 is issued.

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>	AL410280502
<b>Applicant Name:</b>	Thresholds
<b>Applicant Address:</b>	1225 Lake Drive SE Grand Rapids, MI 49506
<b>Applicant Telephone #:</b>	(616) 774-0853
<b>Administrator/Licensee Designee:</b>	Brian Tidd, Designee
<b>Name of Facility:</b>	Villa East Group Home
<b>Facility Address:</b>	3000 Porter St. SW Grandville, MI 49418
<b>Facility Telephone #:</b>	(616) 406-0853
<b>Application Date:</b>	11/14/2005
<b>Capacity:</b>	20
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

11/14/2005	Enrollment
11/21/2005	Inspection Report Requested - Health 1009575
11/21/2005	Inspection Report Requested - Fire Change of Ownership
11/21/2005	File Transferred To Field Office Grand Rapids (Jack Failla)
11/29/2005	Contact - Telephone call made Discussed scheduling inspection with Licensee designee.
11/29/2005	Application Incomplete Letter Sent
11/29/2005	Contact - Telephone call made Scheduled inspection
12/13/2005	Inspection Completed On-site
12/13/2005	Inspection Completed-BFS Sub. Compliance
01/30/2006	Inspection Completed-Environmental Health: C
05/25/2006	Inspection Report Requested - Health Re-inspection request.
06/15/2006	Inspection Report Requested - Fire Change of ownership (second request)
06/16/2006	Inspection Completed-Fire Safety: D
06/19/2006	Inspection Completed-Environmental Health: A
06/30/2006	Contact - Document Received Response to fire safety inspection.
07/03/2006	Inspection Completed-Fire Safety: A
07/10/2006	Inspection Completed-BFS Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two story brick and vinyl sided building that is currently licensed for adult foster care with a different licensee. The upper level of the facility includes 12 bedrooms, 7 bathrooms (one off the hallway and the other six shared one to every two bedrooms), a kitchen and dining room and a large living room. The lower level of the facility includes 4 bedrooms, a large living room, 2 bathrooms, kitchen and dining room, medication room and staff office, and a pantry. The furnace and hot water heaters are located in the lower level with a self-closing, solid core door. The facility is equipped with pull stations and an interconnected, hardwire smoke detection/alarm system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is handicap accessible allowing for referrals of individuals who use wheelchairs.

Resident bedroom have the following measurements:

##### Upper Level

Bedroom #1... 19 feet by 12 feet = 228 sq. ft.  
Bedroom #2... 19 feet by 12 feet = 228 sq. ft.  
Bedroom #3... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #4... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #5... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #6... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #7... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #8... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #9... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #10... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #11... 19 feet by 10 feet = 190 sq. ft.  
Bedroom #12... 17 feet by 10 feet = 170 sq. ft.

##### Lower Level

Bedroom #13... 11 feet by 12 feet = 132 sq. ft.  
Bedroom #14... 12 feet by 12 feet = 144 sq. ft.  
Bedroom #15... 11 feet by 12 feet = 132 sq. ft.  
Bedroom #16... 19 feet by 19 feet = 361 sq. ft.

The living and dining room areas measure a total of 1303 square feet of living space. This total exceeds the minimum of 35 square feet per resident requirement.

Based upon the above information, it is concluded that this facility can accommodate twenty (20) residents.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 20 men and/or women who have a diagnosis of a developmental disability and/or mental illness. The facility will also provide services to individuals who are aged and/or require the use of a wheelchair, as it is handicap accessible.

This program will include an emphasis on the development of social interaction skills, personal hygiene skills and the support of other treatment needs that are specified in each individual resident assessment plan and resident treatment plan. Resident referrals will be facilitated in cooperation with Network 180 and in consideration of the services available in this facility.

Behavioral and crisis interventions will be developed and utilized in compliance with Network 180 and licensing requirements. Any interventions of this nature will require the approval of the resident or resident's guardian and will be implemented by trained staff.

The licensee will provide or arrange transportation services for residents to medical appointments and employment/day program work-sites. The licensee will utilize local community resources as they are available and as residents are interested in participating.

## **C. Applicant and Administrator Qualifications**

A licensing record clearance check was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting his good health and current TB-tine results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The proposed staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff working during waking hours and 1 staff working during sleeping hours. Staffing patterns may be increased if residents with greater needs are accepted.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The licensee acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee has expressed that FBI fingerprinting and the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

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

The licensee designee acknowledges his responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledges his responsibility to maintain a current employee record on file in the home for the licensee designee/administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employees file.

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

The licensee designee acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee designee 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 licensee designee acknowledges an awareness of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges an understanding of his responsibility to obtain all of 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 complete for each resident on an annual basis. In addition, the licensee designee 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 to this adult foster care large group home (capacity 20).



07/12/2006

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Jerry Hendrick  
Licensing Consultant

Date

Approved By:



07/12/2006

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Christopher J. Hibbler  
Area Manager

Date