



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

April 3, 2006

Merle Haines
2110 Old Valley Ct
Kentwood, MI 49508

RE: Application #: AM410272020
Nana's House
5721 Christy SE
Kentwood, MI 49508

Dear Ms. Haines:

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 (616) 356-0100 or the Midland office at (989) 839-1144.

Sincerely,

Arlene B. Smith

Arlene Smith, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0116

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410272020
Applicant Name:	Merle Haines
Applicant Address:	2110 Old Valley Ct Kentwood, MI 49508
Applicant Telephone #:	(616) 827-1377
Administrator/Licensee Designee:	Merle Haines
Name of Facility:	Nana's House
Facility Address:	5721 Christy SE Kentwood, MI 49508
Facility Telephone #:	(616) 281-4223
Application Date:	11/29/2004
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/29/2004	Enrollment
11/30/2004	Inspection Report Requested - Fire
11/30/2004	Inspection Report Requested - Health
11/30/2004	Licensing Unit file referred for criminal history review NS.
01/07/2005	Inspection Completed-Environmental. Health Report D
02/15/2005	File Transferred To Field Office Grand Rapids
02/17/2005	Contact - Document Received Application received in the Grand Rapids office.
02/28/2005	Application Incomplete Letter Sent supporting documentation needed.
03/10/2005	Contact - Telephone call received from applicant.
04/01/2005	Inspection Report Requested - Fire
04/01/2005	Contact - Applicant requested that this consultant provide technical assistance with her questions.
04/18/2005	Contact - Telephone call received from Applicant.
05/19/2005	Inspection Report Requested - Fire
10/11/2005	Inspection Report Requested - Fire
10/11/2005	Contact - Document Sent DHS 1712 sent this date.
10/26/2005	Contact - Telephone call received The applicant called to request a letter concerning the dates that the former AFC home closed and the date this applicant applied. This date span was less than 60 days. This consultant provided to the applicant, a letter defining the time frames.
11/14/2005	Contact - Document Sent An Environmental Health Inspection Request has been sent on 11/14/2005.
11/30/2005	Contact - Telephone call received from Applicant.

12/09/2006	Contact Document received, Environmental Health Inspection Report "A".
01/26/2006	Contact Document received Inspection Completed Fire Safety, A.
02/01/2006	Contact Face to Face, Inspection completed on site.
02/24/2006	Contact Documents Sent, Confirming letter.
03/03/2006	Contact Face to Face, Inspection completed on site.
04/03/2006	Contact Face to Face, Inspection completed on site, BFS full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The stick framed converted duplex home is located in a residential neighborhood and near accessible transportation.

The upper level consists of a living room, kitchen, dining room, office, den, sitting room and two full baths. There are six single and one double resident bedroom on the main floor. Bedroom 1 measured 10 feet, 11 inches by 9 feet 5 inches. Bedroom 2 measured 10 feet, 11 inches by 9 feet, 5 inches. Bedroom 3 measured 10 feet, 6 ½ inches by 8 feet 5 inches. Bedroom 4 measured 14 feet, 2 inches, by 8 feet, 5 inches. Bedroom 5 measured 9 feet, 7 inches by 8 feet, 4 inches. Bedroom 6 measured 9 feet, 7 inches by 11 feet, 3 ½ inches. The double occupancy bedroom measured 13 feet, 3 inches by 15 feet, 8 ½ inches.

The lower level has a walkout to the back yard and contains a full bath and two double occupancy bedrooms. Bedroom 7 measured 12 feet, 8 inches, by 13 feet, 3 inches. Bedroom 8 measured 13 feet, 3 inches by 22 feet, 11 inches.

All of the bedrooms meet the required square footage for each resident.

The dining room has capacity to seat 12 residents. The dining room measured 13 feet, 3 inches by 15 feet, 7 inches. The living room measured 15 feet, 3 ½ inches by 14 feet, 6 inches. The den measured 7 feet, 10 inches by 8 feet, 4 inches. The sitting room measured 8 feet, and ½ inch by 22 feet, and 1 inch. The home has exceeded the required square footage of living space for 12 residents.

B. Program Description

The applicant has completed a *Licensing Record Clearance Request* and the department found the applicant to be of good moral character and suitable to assure the welfare of vulnerable adults. The applicant has provided the department with a current acceptable physical and a negative report for the Tuberculosis test.

During the inspection, the applicant provided certificates of her trainings for this consultant to inspect. The applicant has successfully completed classes in adult foster care, nutrition, safety and fire prevention, basic medication administration, resident rights, prevention and containment of communicable disease, and she provided current certificates for first aid and CPR. The applicant has two Associate degrees, one in child development, and the other in computerize accounting. The applicant provided a letter of reference stating that she has volunteered in an adult foster care home for one and one-half years with the mentally ill, developmentally disabled and aged populations. The applicant was found to be competent by the department by her experience with the populations that she has chosen to provide care for, her course of relevant study including trainings from Network 180 and her education.

The applicant has chosen to operate a general program by providing care for the aged, mentally ill, and developmentally disabled populations. The home plans to celebrate the traditional holidays along with birthdays. The activities planned include, an in home movie night with popcorn, outings to the park, bowling, dances, community functions, Friendship Club and going to the malls. They also plan to have board and card games, puzzles, and coloring books.

C. Rule/Statutory Violations

The applicant corrected all rule violations found at the time of the inspections. The home was found in full compliance.

The applicant has a process in place for determining the good moral character of employees, and procedures in place to assure compliance with those rules related to the handling and accounting of resident funds.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

Arlene B. Smith

04/03/2006

Arlene Smith
Licensing Consultant

Date

Approved By:

Jack R. Failla

4/3/06

Jack R. Failla
Area Manager

Date