



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

September 1, 2006

Karsen Timothy and Denise M Karsen
386 Forest Hills Ave SE
Grand Rapids, MI 49546

RE: Application #: AF410282594
Karsen Home
386 Forest Hills Ave SE
Grand Rapids, MI 49546

Dear Timothy and Denise M Karsen:

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 or the Traverse City office at (231) 922-5309.

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 #: AF410282594

Applicant Name: Karsen Timothy and Karsen Denise M

Applicant Address: 386 Forest Hills Ave SE
Grand Rapids, MI 49546

Applicant Telephone #: (616) 956-8085

Administrator/Licensee Designee: N/A

Name of Facility: Karsen Home

Facility Address: 386 Forest Hills Ave SE
Grand Rapids, MI 49546

Facility Telephone #: (616) 956-8085
03/23/2006

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/23/2006	Enrollment
03/27/2006	Application Incomplete Letter Sent 1326 sent back for completion.
03/27/2006	Inspection Report Requested - Health 1010241
04/07/2006	Contact - Document Received 1326 for licensee
04/11/2006	Contact - Document Received application from Lansing.
04/13/2006	Inspection Completed-Env. Health : A
04/17/2006	Application Incomplete Letter Sent
06/29/2006	Inspection Completed On-site
08/17/2006	Inspection Completed On-site
08/31/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a wood framed structure located in Grand Rapids. The main floor consist of a large foyer, living room and dining room combined, a sun room, kitchen, laundry room, a full bathroom, and two bedrooms along with a master bedroom with a full bath. There is a full deck off the laundry room and a garage. The basement is not approved for resident use. An inspection was completed of the furnace and approved by a qualified furnace installer. A 1 ³/₄ - inch solid core door was installed with an automatic self-closer, located at the top of the basement stairs to create floor separation from the heat plant. Battery operated, single station smoke detectors have been installed on each floor.

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

Bedroom # 1 is 20' x 11' = 220 square feet for 2 residents.

The living room and the dinning room areas along with the sun room measures 548 square feet of lining space. This exceeds the minimum of 35 square feet per resident requirement.

The licensee's and their family will use the remaining two bedrooms.

The facility is not handicap accessible.

Based on the above information, it is concluded that this facility can accommodate two residents. It is the responsibility of the licensee's to not exceed the adult foster care family home's licensed resident capacity.

B. Program Description

The Karsen Adult Foster Care Home will provide 24-hour supervision, protection, and personal care to two (2) adult men (over the age of 18) who have a developmental disability. The licensee's will accept referrals from the local Community Mental Health Board, network 180. The licensee's has many years of experience working with the population identified.

The applicants 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's will work with residents, guardians, and supports coordinators to develop and support each resident's Person Centered Plan.

The applicants 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

The applicants, Timothy and Denise Karsen, are husband and wife and live in the home with their two sons, ages 13 and 16.

The applicants have sufficient financial resources to provide for the adequate care of the family and residents as evidenced by a savings account, cash on hand and a local credit union. Both applicants' have outside employment. Mr. Karsen has his own wood working business and Mrs. Karsen works at Spectrum Health.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants or the responsible person. The applicants and the 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 two (2) residents will be the responsibility of the family home applicants 24 hours a day and 7 days a week with the responsible person on call to provide supervision and relief.

The applicants acknowledge an understanding of the additional training and qualification requirements for the responsible person(s) or volunteers providing a specialized program. The applicants acknowledge 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 applicants acknowledges an understanding of the responsibility to assess the good moral character of employees, contractors, or those granted clinical privileges who have regular, ongoing, "direct access" to residents or the resident records or both. The applicants have expressed that FBI fingerprinting and the Michigan State Police LEIN or ICHAT system will be utilized as the process to identify criminal history when assessing good moral character.

The applicants 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 applicants 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 applicants acknowledges her/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 applicants acknowledges her/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 applicants 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 applicants 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 applicants indicated that it is her/his intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 applicants have indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants were informed of those rules related to the handling and accounting of resident funds and valuables and intend to comply.

The applicants acknowledge her/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 applicants acknowledge her/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 AFC adult family home (capacity 1-6).

Arlene B. Smith

09/01/2006

Arlene Smith
Licensing Consultant

Date

Approved By:



09/01/2006

Christopher J. Hibbler
Area Manager

Date