



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

May 1, 2007

Debra Krajewski  
Seventy-Sixth St. AFC LLC  
Ste E-133  
6670 Kalamazoo Ave. SE  
Grand Rapids, MI 49508

RE: Application #: AM410285883  
Seventy-Sixth St. AFC LLC  
3554 76th St. SE  
Caledonia, MI 49316

Dear Ms. Krajewski:

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 (231) 922-5309.

Sincerely,

Grant Sutton, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0117

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410285883

**Applicant Name:** Seventy-Sixth St. AFC LLC

**Applicant Address:** Ste E-133  
6670 Kalamazoo Ave. SE  
Grand Rapids, MI 49508

**Applicant Telephone #:** (616) 698-6681

**Administrator/Licensee Designee:** Debra Krajewski, Designee  
Debra Krajewski, Administrator

**Name of Facility:** Seventy-Sixth St. AFC LLC

**Facility Address:** 3554 76th St. SE  
Caledonia, MI 49316

**Facility Telephone #:** (616) 698-6681

**Application Date:** 09/12/2006

**Capacity:** 12

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

## II. METHODOLOGY

09/12/2006	Enrollment
09/13/2006	Contact - Document Received Special Certification Application
09/14/2006	Inspection Report Requested - Health 1011214
09/14/2006	Inspection Report Requested - Fire Change in Licensee
09/14/2006	File Transferred To Field Office Grand Rapids
09/18/2006	Comment App. rec'd in GR
09/18/2006	Application Incomplete Letter Sent
10/04/2006	Contact - Document Sent 2nd 1712 faxed to OFS since they indicated they did not receive the 1st from the LU
10/25/2006	Inspection Completed-Env. Health : A
03/06/2007	Inspection Completed-Fire Safety : A
03/06/2007	Contact - Document Received Documents requested in App. Incomplete letter
04/06/2007	Application Complete/On-site Needed
04/06/2007	Inspection Completed On-site
04/06/2007	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a raised-ranch style home located in rural Caledonia, in an area of similarly constructed homes and some farms. The main floor consists of a living room, dining room, kitchen, full bathroom, and three (3) bedrooms. The lower level has six (6) bedrooms, a living room, kitchen and dining area, one full bathroom and one half bathroom, laundry room, and a furnace room with the hot water heater and utilities. The

lower level of the facility is handicap accessible. Smoke detectors powered from the building's electrical system have been installed on each level of the home by a licensed electrician with single station, battery back up detectors also installed on each level. When activated the alarm is audible in all sleeping rooms with the doors closed. A 1¾ - inch solid core door with an automatic self closer has been installed to the furnace room.

Resident bedrooms, all of which are located on the lower, walkout level, were measured during the initial on-site inspection and have the following dimensions:

Resident bedroom #1 is 13' x 14' = 182 sq. ft for 2 residents  
Resident bedroom #2 is 13' x 13' = 169 sq. ft. for 2 residents  
Resident bedroom #3 is 12' x 18' = 216 sq. ft. for 2 residents  
Resident bedroom #4 is 13' x 20' = 260 sq. ft. for 3 residents  
Resident bedroom #5 is 9' x 17' = 153 sq. ft. for 2 residents  
Resident bedroom #6 is 9' x 10' = 90 sq. ft. for 1 resident

The living room and dining room areas on the lower level measure a total of 625 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the responsibility of the licensee to not exceed the licensed resident capacity.

The licensee uses the entire main floor living space.

This home was previously licensed as a medium group home known as Country Haven AFC (AM410008788 ).

## **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 12 men or women who have a diagnosis of a developmental disability, mental illness, and/or who are aged in the least restrictive environment possible. The resident area of the facility is handicap accessible so individuals who are non-ambulatory may be considered. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as these needs are identified in the Assessment Plan and as the resident/ responsible person prioritize at admission. Resident referrals will be made primarily from the network 180 (formerly Kent County CMH).

If identified as a need in the assessment upon and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and will the prior approval of the resident, guardian, or the responsible person.

The applicant will work with local transportation providers to assure that residents have transportation to a day program, school program, or employment. The applicant will work with the resident, guardian, responsible person, and case manager to assure that residents have transportation to medical and/or other appointments. The applicant will utilize local community resources as they are available and as residents are interested in participating in.

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

The applicant is a domestic, for-profit limited liability corporation (LLC) in good standing with the State of Michigan. The LLC was formed in Michigan on May 2, 2006, and operates in Kent County. The LLC has a board of directors, including the owner, who is also licensee designee.

A review of the financial statement provided by the licensee designee supports that the corporation is financially stable.

The licensee designee, Debra Krajewski was appointed, in writing, by the corporate board of directors. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and the administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results. The licensee designee, who is also the administrator, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff to 12 residents per awake shift and 1 staff to 12 residents during the sleep shift, although, there are typically 2 staff on during the awake and sleep shifts. If residents are accepted who require awake staff during the sleep shift, then awake staff will be provided during the sleep hours.

The licensee designee 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 designee acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.mltcpartnership.org](http://www.mltcpartnership.org)), Identix, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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 daily medication logs will be maintained on each resident receiving medication.

The licensee designee acknowledges her 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 her 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 employee’s file.

The licensee designee 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 licensee designee indicated that it is her 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 her 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 understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges her 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 completed for each resident on an annual basis. In addition, the licensee designee acknowledges her 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 medium group home (capacity 12).



05/01/2007

Grant Sutton  
Licensing Consultant

Date

Approved By:



05/01/2007

Christopher J. Hibbler  
Area Manager

Date