



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

July 25, 2007

Jill Barry
11300 Selah Drive
Alto, MI 49302

RE: Application #: AF410289111
Country Lane AFC
11300 Selah Drive
Alto, MI 49302

Dear Mrs. Barry:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
(616) 356-0111

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF410289111

Applicant Name: Jill Barry

Applicant Address: 11300 Selah Drive
Alto, MI 49302

Applicant Telephone #: (616) 581-3276

Administrator/Licensee Designee: N/A

Name of Facility: Country Lane AFC

Facility Address: 11300 Selah Drive
Alto, MI 49302

Facility Telephone #: (616) 581-3276

Application Date: 03/15/2007

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

03/15/2007	Enrollment
03/22/2007	Application Incomplete Letter Sent
03/29/2007	Contact - Document Received
04/02/2007	Inspection Report Requested - Health
04/02/2007	File Transferred To Field Office Grand Rapids
04/04/2007	Comment Application received in Grand Rapids
04/06/2007	Application Incomplete Letter Sent
04/23/2007	Contact - Telephone call received Gave technical assistance to applicant.
04/23/2007	Contact - Telephone call made Gave technical assistance to applicant on heat plant room requirements.
05/24/2007	Contact - Document Received Received requested documents.
05/24/2007	Application Incomplete Letter Sent
07/12/2007	Inspection Completed On-site
07/12/2007	Confirming letter sent
07/23/2007	Contact - Documents Received
07/25/2007	Inspection Completed-Env. Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This two-story stick built building, with lower level walkout, is located in rural Kent County. It is newly constructed. A private drive provides access to the home, with multiple houses serviced by that drive. Farming operations are nearby. Retail stores are not located within walking distance.

The furnace and hot water heater are located in the lower level inside a heat plant room. The heat plant room is enclosed in drywall. An approved fire door with a self-closing device provides egress to that room. Electrically powered interconnected smoke detectors are present on both floors. The facility does not have a wheelchair ramp, so individuals who require wheelchairs are not to be admitted.

All AFC resident bedrooms have windows and are located in the lower level. The lower level consists of three bedrooms, a mechanical room, a bathroom, and a living area. The lower level bathroom is a full bathroom.

The three proposed lower-level resident bedrooms were measured during the initial on-site inspection and have the following dimensions:

Resident Bedroom 1:

13'4" x 10'10" = 144.36 square feet approved for 2 AFC residents.

Resident Bedroom 2:

13'4" x 11'5" = 152.22 square feet approved for 2 AFC residents.

Resident Bedroom 3:

15'6" x 12'8" = 196.23 square feet approved for =2 AFC residents

The lower level living room is 25' x 15'9".

The main floor area consists of 3 bedrooms, two full bathrooms, a living area, a kitchen, and a dining area. Access to the attached garage is through the main floor area. The upstairs dining area is 11'10" x 12'8". The upstairs living room is 14' x 20'. That equals 823.51 square feet of living space, which is sufficient for the 9 proposed occupants. The three main floor bedrooms are for the use of family members.

Based on the above information, it is concluded that this facility has sufficient space to accommodate the six (6) requested residents. It is the responsibility of the licensee to not exceed the adult foster care family home's licensed resident capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) ambulatory, female adults whose diagnosis is mental illness, developmentally disabled, or aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's individual needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, museums, and shopping centers.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted medical clearance request forms with statements from a physician documenting their health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by income from her spouse, savings, and projected income from the AFC operation.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant 24 hours a day and 7 days a week with the responsible person(s) on call to provide supervision and relief.

The applicant 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.miltcpartnership.org), Identix, and the related documents required to be maintained in each employees record to demonstrate compliance.

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

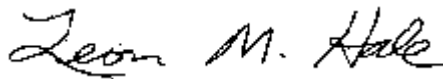
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant was informed of those rules related to the handling and accounting of resident funds and valuables and intends to comply.

The applicant acknowledges her 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 applicant 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 family home (capacity 1-6).



07/25/2007

Leon M. Hale
Licensing Consultant

Date

Approved By:



07/25/2007

Christopher J. Hibbler
Area Manager

Date