



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

September 10, 2007

Barbara Blackford
Georgetown Harmony Homes
P.O. Box 845
Jenison, MI 49429-0845

RE: Application #: AS700291038
Georgetown Harmony Homes II
7253 Sagerose Dr.
Hudsonville, MI 49426

Dear Ms. Blackford:

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 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
Bureau 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

License #: AS700291038

Applicant Name: Georgetown Harmony Homes

Applicant Address: 8355 10th Ave.
Jenison, MI 49429-0845

Applicant Telephone #: (616) 662-4377

Administrator/Licensee Designee: Barbara Blackford, Designee

Name of Facility: Georgetown Harmony Homes II

Facility Address: 7253 Sagerose Dr.
Hudsonville, MI 49426

Facility Telephone #: (616) 667-0376

Application Date: 06/14/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/14/2007	Enrollment
06/20/2007	File Transferred To Field Office Grand Rapids
06/22/2007	Comment App rec'd in GR
06/26/2007	Application Incomplete Letter Sent
06/26/2007	Contact - Telephone call received Scheduled inspection
06/29/2007	Inspection Completed On-site
06/29/2007	Confirming Letter Sent
07/27/2007	Contact - Document Received Response to confirming letter.
08/22/2007	Inspection Completed On-site
08/22/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly constructed ranch style home located in rural Hudsonville, in an area of similar homes. The main floor consists of two separate "sides", one for resident use, and the other for the live-in manager of the program. The resident's side of the main floor consists of a living room, dining room, kitchen, four bedrooms, four half-bathrooms, and a shower room. The lower level of the home is a walkout with an exit off of the rear. The lower level includes a large recreation room, two bedrooms to be used by residents, and a bathroom. The furnace and hot water heater are located on the lower level. 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 both levels. When activated, the alarm is audible in all bedrooms with the doors closed. A 1-3/4 inch solid core door with an automatic self closer has been installed to the furnace room.

Resident bedrooms have been measured and have the following dimensions:

Bedroom #1...10' x 12' = 120 square feet for one resident

Bedroom #2...10' x 12' = 120 square feet for one resident

Bedroom #3...10' x 12' = 120 square feet for one resident

Bedroom #4...10' x 12' = 120 square feet for one resident

Bedroom #5 (lower level)...10' x 13' = 130 square feet for one resident

Bedroom #6 (lower level)...10' x 11' = 110 square feet for one resident

The living room and dining room areas on the main floor measure a total of 482 square feet of living space. The lower level recreation room includes an additional 810 square feet of living space, so combined; there is 1,292 square feet of living space available for resident use. This exceeds the minimum of 35 square feet per resident requirement.

Based upon the above information, it is concluded that this facility can accommodate six (6) residents. It is the responsibility of the licensee to not exceed the licensed resident capacity.

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 6 men who have been diagnosed with a developmental disability. 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 through word of mouth, but also from the Ottawa County Community Mental Health organization.

If identified as a need in the assessment upon admission and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and with 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, Georgetown Harmony Homes is a domestic, non-profit corporation in good standing with the state of Michigan. The corporation was established in Michigan on 07/30/2001 and has a board of directors that oversees its functions. There is one other existing adult foster care home currently being operated by this corporation, and it is located in the same county.

A review of the financial statements provided by the licensee designee indicates that the corporation is financially stable.

The Board of Directors of Georgetown Harmony Homes has submitted documentation appointing Barbara Blackford as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed on this person with no LEIN convictions recorded for the licensee designee or administrator. The licensee designee and 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The staffing pattern includes a live-in staff and additional staff during waking hours to assist in providing care and supervision to residents.

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 a part of the staff-to-resident ratio.

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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledged 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 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 investigating 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



Jerry Hendrick
Licensing Consultant

09/10/2007
Date

Approved By:



Christopher J. Hibbler
Area Manager

09/10/2007
Date