



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

September 12, 2007

Alonzo Perez
1052 California St. NW
Grand Rapids, MI 49504

RE: Application #: AF410290364
Romero Home
1052 California St. NW
Grand Rapids, MI 49504

Dear Mr. Perez:

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 3 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 at (231) 922-5309.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau 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
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF410290364
Applicant Name:	Alonzo Perez
Applicant Address:	1052 California St. NW Grand Rapids, MI 49504
Applicant Telephone #:	(616) 308-8915
Administrator/Licensee Designee:	N/A
Name of Facility:	Romero Home
Facility Address:	1052 California St. NW Grand Rapids, MI 49504
Facility Telephone #:	(616) 308-8915
Application Date:	05/18/2007
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/18/2007	Enrollment
05/23/2007	Inspection Report Requested - Health 1012407
05/23/2007	File Transferred To Field Office Grand Rapids
05/25/2007	Comment App. rec'd in GR
05/29/2007	Application Incomplete Letter Sent
05/29/2007	Comment Health inspection request cancelled as it was requested in error; the facility is a family home located in the city with city water & sewer.
06/12/2007	Inspection Completed On-site
06/12/2007	Inspection Completed-BFS Sub. Compliance
08/14/2007	Contact - Telephone call received Update from applicant
09/11/2007	Application Complete/On-site Needed
09/11/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home located on the northwest side of Grand Rapids. The main floor consists of a living room, kitchen, eating area, 2 bedrooms, and 1 full bathroom. The 2nd floor consists of 1 bedroom. The furnace(s), hot water heater, and laundry facilities are located in the basement along. The basement is not approved for resident use. An inspection was completed of the furnace and approved by a qualified furnace installer. A 1 ¾ - 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 an Adult Foster Care Family Home. The specific dimensions for the resident bedrooms are as follows:

Bedroom #1, on the main floor, is 10' x12' = 120 sq. ft. for 1 resident

Bedroom #2, upstairs, is 12' x 15' = 180 sq. ft. for 2 residents

The living room and the dining room areas measure a total of 200 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The licensee will use the remaining 1 bedroom.

The facility is not handicap accessible.

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

This home has never been licensed as an adult foster care facility.

B. Program Description

The Romero Adult Foster Care Home will provide 24-hour supervision, protection, and personal care to two (3) adult men (over the age of 18) who have a developmental disability and/or who have a mental illness. The licensee will accept referrals from the local Community Mental Health Board, network 180. The licensee has several years of experience working with the population identified and has taken additional classes through the local mental health board to supplement the knowledge he already has.

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

The applicant 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 applicant, Alonzo Perez resides in the home and acknowledges the understanding that this a requirement to maintain an adult foster care family home license.

The applicant has sufficient financial resources to provide for the adequate care of the family and residents as evidenced by an established line of credit with a local bank.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant 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 three (3) residents will be the responsibility of the family home applicant 24 hours a day and 7 days a week with the responsible person on call to provide supervision and relief.

The applicant acknowledges an understanding of the additional training and qualification requirements for the responsible person(s) or volunteers providing a specialized program. The applicant acknowledges 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 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.mltcpartnership.org), Identix, and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant 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 applicant 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 applicant acknowledges 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 applicant acknowledges 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 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 his 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 his 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 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 applicant acknowledges 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 3).



09/12/2007

Grant Sutton
Licensing Consultant

Date

Approved By:



09/12/2007

Christopher J. Hibbler
Area Manager

Date