



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

February 5, 2008

Lynn VanBlargan  
Golden Years Personal Care Home LLC  
6274 MacArthur Rd.  
Muskegon, MI 49442

RE: Application #: AM610282328  
Golden Years Personal Care Home  
6274 MacArthur Road  
Muskegon, MI 49442-9421

Dear Mrs. VanBlargan:

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant  
Bureau 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  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM610282328

**Applicant Name:** Golden Years Personal Care Home LLC

**Applicant Address:** 6274 MacArthur Rd.  
Muskegon, MI 49442

**Applicant Telephone #:** (231) 788-2160

**Administrator/Licensee Designee:** Lynn VanBlargan, Designee

**Name of Facility:** Golden Years Personal Care Home

**Facility Address:** 6274 MacArthur Road  
Muskegon, MI 49442-9421

**Facility Telephone #:** (231) 788-2160

**Application Date:** 03/02/2006

**Capacity:** 12

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

## II. METHODOLOGY

03/02/2006	Enrollment
03/06/2006	Application Incomplete Letter Sent
03/14/2006	Contact - Document Received
03/30/2006	Contact - Document Received
04/03/2006	Inspection Report Requested - Health
04/03/2006	Inspection Report Requested - Fire
04/03/2006	File Transferred To Field Office
04/17/2006	Inspection Completed-Env. Health : A
04/18/2006	Inspection Completed On-site
04/18/2006	Inspection Completed-BFS Sub. Compliance
04/18/2006	Application Incomplete Letter Sent
05/19/2006	Contact - Document Received
05/23/2006	Application Complete/OFS Needed
10/03/2007	Inspection Completed-Fire Safety : D
01/02/2008	Inspection Completed-Fire Safety : A
01/10/2008	Inspection Completed On-site
01/10/2008	Inspection Report Requested - Health Over a year since last inspection.
01/17/2008	Inspection Completed-Env. Health : A
01/30/2008	Inspection Completed-BFS Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This 12-bed adult foster care facility is a ranch style home with a crawl space. The exterior of the facility consists of vinyl siding and cinderblock construction. This facility is located in a residential section of Muskegon County near Wolf Lake. However, it is not located near a city bus route or within walking distance of retail areas.

All resident bedrooms are on the main floor and are wheelchair accessible. The furnace and hot water heater are located on the main floor but can only be accessed by going outside the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. It also has an interior fire suppression system (sprinklers).

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'5" x 11'5"	164	1
2	14'5" x 11'5"	164	1
3	14'5" x 11'5"	164	1
4	14'8" x 11'5"	167	1
5	11'5" x 13'3"	151	1
6	11'9" x 15'5"	181	1
7	11'5" x 13'3"	151	1
8	14'5" x 11'5"	164	1
9	14'5" x 11'5"	164	1
10	14'5" x 11'5"	164	2
11	14'5" x 11'5"	164	1

Bedrooms numbers 3, 5, 7, 9, have their own bathrooms. A community bathroom, one for each gender, serves the remaining bedrooms.

The living, dining, and sitting room areas measure a total of 830 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 licensee's responsibility not to exceed the facility's licensed capacity

This adult foster care facility was previously licensed to licensee, Juanita Coon as Golden Years Personal Care Home, license number: AM610015744.

## **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 twelve (12) male and female adults whose diagnosis is Mentally Ill, Developmentally Disabled, Aged, Alzheimer's, or Physically Handicapped, in the least restrictive environment possible. Residents are not allowed to smoke tobacco inside the facility. 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 social and behavioral developmental needs. Only referrals for residents who are private pay will be accepted.

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, and the responsible agency.

The licensee will not provide transportation to day programs or to medical appointments. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is *Golden Years Personal Care Home, L.L.C.*, which is a Domestic Limited Liability Company, was established in Michigan on 03/27/2006. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of *Golden Years Personal Care Home, L.L.C.*, has submitted documentation appointing Lynn VanBlargan as Licensee Designee and administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

The licensee designee/administrator have 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 shift. Staff on duty, sleep during the third shift.

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.miltcpartnership.org](http://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 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 their 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 their responsibility to maintain a current employee record on file in the home for the licensee, 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 their 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 their intention to achieve and maintain compliance with the 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.

