



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

June 16, 2008

Cheri Wynsma  
487 Harrison St.  
Coopersville, MI 49404

RE: Application #: AF700290063  
Deer Creek AFC  
487 Harrison St.  
Coopersville, MI 49404

Dear Ms. Wynsma:

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, 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**

<b>License #:</b>	AF700290063
<b>Applicant Name:</b>	Cheri Wynsma
<b>Applicant Address:</b>	487 Harrison St. Coopersville, MI 49404
<b>Applicant Telephone #:</b>	(616) 384-2108
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Deer Creek AFC
<b>Facility Address:</b>	487 Harrison St. Coopersville, MI 49404
<b>Facility Telephone #:</b>	(616) 384-2108
<b>Application Date:</b>	05/02/2007
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

05/02/2007	Enrollment
05/09/2007	File Transferred To Field Office Grand Rapids
05/11/2007	Comment app rec'd in GR
05/14/2007	Application Incomplete Letter Sent
06/08/2007	Contact - Telephone call made From applicant.
09/17/2007	Contact - Telephone call made To applicant.
10/15/2007	Contact - Document Received From applicant.
10/15/2007	Application Incomplete Letter Sent
10/29/2007	Inspection Completed On-site
10/29/2007	Inspection Completed-BFS Sub. Compliance
03/13/2008	Contact - Document Sent From applicant.
05/20/2008	Inspection Completed-BFS Full Compliance Inspected facility with the applicant.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This two-story cape cod building has a full basement. It is located in a residential area. All resident bedrooms, living room, dining room, and a full bathroom are located on the main floor. The applicant's bedroom is on the second floor.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'10' x 9'9"	95.84	1
2	14'3" x 9'9"	138.93	2

The living, dining, and TV room areas measure a total of 514.57 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 **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The facility is not approved for wheelchair dependent residents. The applicant intends to apply for special certification status.

## **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents, whose diagnosis is developmentally disable, aged or traumatic brain injury. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

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

The applicant, Cheri Wynsma has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC resident. She plans on applying for Special Certification status in the immediate future.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (3) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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](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 applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 their 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 their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge 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 the 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 their 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 their intention to achieve and maintain

compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their 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 their 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).



06/16/2008

Leon M. Hale  
Licensing Consultant

Date

Approved By:



06/16/2008

Christopher J. Hibbler  
Area Manager

Date