



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

September 15, 2008

Cynthia Myhalyk  
Pine Rest Christian Mental Health Services  
P.O. Box 165  
Grand Rapids, MI 495010165

RE: Application #: AL410289728  
InterActions Residential Treatment  
300 68th St. SE  
Grand Rapids, MI 49548

Dear Ms Myhalyk:

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 16 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 the Traverse City Office at (231) 922-5309.

Sincerely,

Arlene B. Smith, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0116

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL410289728

**Applicant Name:** Pine Rest Christian Mental Health Services

**Applicant Address:** 300 68th Street SE  
Grand Rapids, MI 49548

**Applicant Telephone #:** (616) 455-5000

**Administrator/Licensee Designee:** Cynthia Myhalyk, Designee  
Tiffany Idziak, Administrator

**Name of Facility:** InterActions Residential Treatment

**Facility Address:** 300 68th St. SE  
Grand Rapids, MI 49548

**Facility Telephone #:** (616) 559-5801

**Application Date:** 04/17/2007

**Capacity:** 16

**Program Type:** MENTALLY ILL AND DEVELOPMENTALLY  
DISABLED

## II. METHODOLOGY

04/17/2007	Enrollment
04/30/2007	Inspection Report Requested - Health 1012249
04/30/2007	Inspection Report Requested - Fire
04/30/2007	File Transferred To Field Office Grand Rapids
05/02/2007	Comment app rec'd in GR
05/02/2007	Application Incomplete Letter Sent
06/10/2008	Inspection Report Requested - Health
06/23/2008	Contact – document received Facility name changed on the application from Pine Rest Campus Center to InterActions Residential Treatment. A new administrator was also identified.
06/26/2008	Inspection Completed-Env. Health : A
07/07/2008	Inspection Completed-Fire Safety : D
07/11/2008	Inspection Completed On-site
08/06/2008	Inspection Completed On-site Inspection with Bureau of Fire Services Inspector.
08/06/2008	Inspection Completed-Fire Safety : D
08/06/2008	Application Complete/On-site Needed
08/20/2008	Inspection Completed-Fire Safety : A
08/22/2008	Contact - Document Received The applicant presented two letters requesting a variance. The first one (letter dated 08/01/2008) was Rule 410 (1) (a). They have built in shelving instead of a closet or wardrobe. The second variance request (letter was dated 08/22/2008) was for Rule 304 (1)(b) . This was regarding both primary exits leading directly to the fenced-in backyard in relation to each resident's freedom of movement.

- 09/08/2008      Contact-Document Sent  
To applicant, the department's approval of both variances for the administrative rule R400.15410 Bedroom furnishings, and R400.15304 Resident Rights; licensee responsibilities with contingencies regarding emergency access to residents and guidelines for resident pre-admission, evaluation and discharge.
- 09/15/2008      Contact- Telephone call received  
From Licensee designee, Cynthia Myhalyk acknowledging an understanding of variance contingencies and the licensee's responsibility to continuously meet these requirements.

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

This "secured" facility is located on the beautiful wooded Pine Rest campus that includes 97.76 acres. The facility is at the back of the campus in a brick building. The front of the facility contains administrative offices and the back part of the facility is the large 16 bed, adult foster care large group facility. The home is handicapped accessible. The facility has been totally renovated, including 16 individual resident bedrooms. Two of the bedrooms are designed for being handicapped accessible. The main entrance to the facility is locked. The two required non-locking-against egress doors to the outside of the facility are located in the rear of the building, with both exits leading out to a locked fenced-in backyard. The department has granted a variance to R400.15304 Residents rights; licensee responsibilities related to the residents' freedom of movement. This permits the backyard perimeter fence to be locked against egress with facility staff and local emergency personnel having a key to have access, or to evacuate residents in an emergency.

The applicant has received a variance for Administrative Rule R.400.15410 Bedroom furnishings, which require each room to have an adequate closet or wardrobe. Instead the applicant has installed a built in shelving unit in each resident bedroom. This was to provide protection to the resident because he/she would not have access to hardware to possibly use a weapon to injure themselves or others.

The unit has a large common area which includes the dining area, (seating for 16 residents) including a kitchen area, a large treatment /conference room, three smaller rooms for therapy and or quiet areas, one exercise room and the laundry room. There are four full unisex bath rooms located on the unit. There is an office and medication room located off the large common area.

The boiler and hot water heater are located on the main level, off the unit in a separated area from the facility, and in an enclosed room. There is a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching

hardware door located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is fully sprinkled with alarmed pull stations. It is also equipped with an interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician 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	13' 8" x 10' 1"	137.70	1
2	13' 6" x 10' 1"	136.25	1
3	8' 1 1/2" x 10' 2 1/2"	82.17	1
4	8' 1 1/2" x 10' 2 1/2"	82.17	1
5	8' 1 1/2" x 10' 2 1/2"	82.17	1
6	8' 1 1/2" x 10' 2 1/2"	82.17	1
7	8' 1 1/2" x 10' 2 1/2"	82.17	1
8	8' 1 1/2" x 10' 6"	84.84	1
9	8' 1 1/2" x 10' 6"	84.84	1
10	8' 1 1/2" x 10' 6"	84.84	1
11	8' 1 1/2" x 10' 6"	84.84	1
12	8' 1 1/2" x 10' 6"	84.84	1
13	8' 1 1/2" x 10' 6"	84.84	1
14	8' 1 1/2" x 10' 6"	84.84	1
15	8' 1 1/2" x 10' 6"	84.84	1
16	8' 1 1/2" x 10' 6"	84.84	1

The living, dining, and sitting room areas measure a total of 2,233.53 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 **sixteen (16)** residents. It is the licensee's responsibility not to exceed the facility's licensed 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 **sixteen (16)** male or female ambulatory and non-ambulatory adults whose diagnosis severe persistent mental illness and/or who are dually diagnosed with mild developmental disability and mental illness in the least restrictive environment possible. The program is a specialized residential treatment program utilizing an active recovery-based treatment model with a focus on understanding the illness, medication management and community adjustment skills. The program is designed so that individuals who have proven to be unmanageable in current community settings can remain in a safe environment that includes a locked front

door and a fenced in yard area that is non-locking-against egress. The treatment model is designed to allow more freedom to residents as they begin to exhibit safe behaviors and so that they may test their ability to interact in the community more positively. The clinical treatment mode will employ Dialectical Behavioral Therapy for Special Populations (DBT-SP) in individual and group therapies, as well as being incorporated in the treatment milieu. 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. Residents will be referred from: various counties, psychiatric hospitals and mental health agencies.

The applicant has applied for a Special Certification for services to individuals with mental illness and who have a developmental disability.

The department has granted a variance to R400.15304 Residents rights; licensee responsibilities. This will allow the front door to the facility to be locked against egress with the two approved non-locking-against egress exits being located in the rear of the facility and leading directly outside to a locked fenced-in back yard that is accessible in emergency situations.

Prior to a resident's placement, the facility must have a behavioral supports plan completed by the responsible agency reflecting approval by the agency's behavioral management committee of placement into a secured facility that has a locked against egress perimeter fence and this must be maintained on file for all residents. 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 provide all transportation for program and medical needs. 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 after the resident has achieved or exhibited safe behaviors, including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is Pine Rest Christian Mental Health Services, which is a "Non Profit Corporation" was established in Michigan, on 12/06/1995. 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 Pine Rest Christian Mental Health Services, has submitted documentation appointing Cynthia Myhalyk as Licensee Designee for this facility and Tiffany Idziak as the Administrator of the facility.

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

The licensee designee and 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 16-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. At least one staff shall be awake during sleeping hours.

The applicant 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 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 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 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 each direct care staff or volunteer working with residents. In addition, the applicant 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant 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 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 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 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.


The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

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

### **VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care large group home (capacity 16).



09/12/2008

Arlene B. Smith  
Licensing Consultant

Date

Approved By:



09/15/2008

Christopher J. Hibbler  
Area Manager

Date