



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

April 28, 2009

Greg Kirkland
Michigan Community Services, Inc.
PO Box 317
Swartz Creek, MI 48473

RE: Application #: AM090295317
Windmere
224 North Madison
Bay City, MI 48708

Dear Mr. Kirkland:

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 7 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 (989) 758-1754.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
P.O. Box 1609
Midland, MI 48641
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM090295317

Applicant Name: Michigan Community Services, Inc.

Applicant Address: 5239 Morrish Rd.
Swartz Creek, MI 48473

Applicant Telephone #: (810) 635-4407

Administrator/Licensee Designee: Vicki Okoniewski, Administrator
Greg Kirkland, Licensee Designee

Name of Facility: Windmere

Facility Address: 224 North Madison
Bay City, MI 48708

Facility Telephone #: (989) 894-2223

Application Date: 03/26/2008

Capacity: 7

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/26/2008	Enrollment
03/31/2008	Inspection Report Requested - Fire
03/31/2008	Inspection Report Requested - Health
03/31/2008	Application Incomplete Letter Sent re: record clearance for Administrator.
04/02/2008	Application Complete/On-site Needed received record clearance for Administrator.
04/08/2008	Application Incomplete Letter Sent
04/24/2008	Inspection Completed-Environmental Health : A
09/17/2008	Contact - Telephone call made to Administrator
03/11/2009	Inspection Completed-Fire Safety : A
03/31/2009	Inspection Completed On-site
03/31/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two story raised Victorian style, wood frame home with vinyl siding. The home is located at 224 N. Madison, in the downtown historic district of Bay City. The front porch of the home has several steps to the front door and there is no ramp for handicap accessibility. The Windmere Home will be used for residents who are able to ambulate stairs easily. The Applicant has recently completed considerable remodeling to the home which now includes new kitchen cupboards and counter tops, new kitchen appliances, new flooring throughout the home. Due to fire safety requirements all of the wall paper was removed and the home has been completely painted throughout.

The Environmental Health inspection with an "A" rating, was completed on 4/24/08, the Fire Safety inspection with full approval was completed on 3/10/09.

There is one bedroom on the first floor and 5 bedrooms on the second floor. There are stairwells to the second floor; each one located at the opposite ends of the home for fire safety purposes. The stairwells are one hour protected by fire doors at the top and

bottom of each stair well. 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 top of the stairs. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' 10" x 12' 0"	145.2	2
2 West	13.11 x 8.9 = 116 5.7 x 5.9= 33.63	150.30 + small sitting area with slanted roof	2
3 N Middle	12' x 14' 4"	172.8	2
4 S Middle	12' x 13'	156	2
5 N East	5' 9" x 16' 2" = 95.5 9' 6" x 3' 10"=19.5	115.11 under 6'6	1
6 S East	9' x 11'	99	1

The living, dining, and sitting room areas measure a total of 458.64 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 **seven (7)** 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 **seven (7)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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: Bay Arenac Behavioral Health (CMH).

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 including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Michigan Community Services, Inc., which is a “Non Profit Corporation” which was established in Michigan, on January 21, 1982. 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.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee, Mr. Gregory Kirkland and the administrator, Vicki Okoniewski. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Kirkland and Mrs. Okoniewski 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 7-bed facility is adequate and includes a minimum of 1 staff -to- 7 residents per shift. All staff shall be awake during sleeping hours.

Mr. Kirkland and Mrs. Okoniewski acknowledged 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 1–to- 7 resident ratio.

Mr. Kirkland and Mrs. Okoniewski 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.

Mr. Kirkland 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.

Mr. Kirkland 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.

Mr. Kirkland 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.

Mr. Kirkland 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.

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

Mr. Kirkland 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.

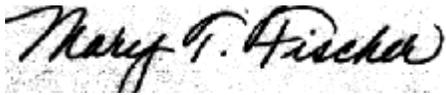
Mr. Kirkland acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

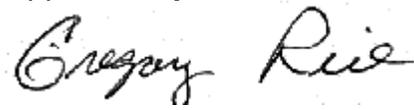


04/15/2009

Mary T. Fischer
Licensing Consultant

Date

Approved By:



04/28/2009

Gregory Rice
Area Manager

Date