



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

May 14, 2009

Polly Stillson  
709 Verhoeks  
Grand Haven, MI 49417

RE: Application #: AF700301095  
Stillson CTH  
16455 144th Ave.  
Spring Lake, MI 49456

Dear Ms. Stillson:

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 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

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Jerry Hendrick, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 356-0112

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF700301095
<b>Applicant Name:</b>	Polly Stillson
<b>Applicant Address:</b>	709 Verhoeks Grand Haven, MI 49417
<b>Applicant Telephone #:</b>	(616) 842-6658
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Stillson CTH
<b>Facility Address:</b>	16455 144th Ave. Spring Lake, MI 49456
<b>Facility Telephone #:</b>	(616) 842-6658
<b>Application Date:</b>	03/18/2009
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

03/18/2009	Enrollment
03/23/2009	Inspection Report Requested - Health 1015534
03/23/2009	Application Incomplete Letter Sent 1326 for applicant sent back for completion
03/27/2009	Contact - Document Received 1326 for applicant
03/30/2009	License Unit file referred for criminal history review Red Screen - AF700015182
04/01/2009	Application Complete/On-site Needed
04/01/2009	File Transferred To Field Office Grand Rapids
04/03/2009	Comment Application received in GR
04/06/2009	Application Incomplete Letter Sent
04/16/2009	Contact - Document Received Required documentation
04/16/2009	Contact - Telephone call made Scheduled inspection
04/28/2009	Inspection Completed On-site
04/28/2009	Inspection Completed-BFS Sub. Compliance
05/06/2009	Inspection Completed On-site
05/11/2009	Inspection Completed-Environmental Health : A
05/13/2009	Inspection Completed On-site
05/13/2009	Inspection Completed-BFS Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This home is a one story single family residence that is located in a rural neighborhood approximately five miles east of the city of Grand Haven. The home includes a large foyer, living room, dining room, kitchen, television room, bathroom, two bedrooms to be used by residents, and another bedroom and bathroom to be used by the applicant.

The furnace and water heater are located on the main floor of the home. The facility is equipped with battery-powered, single station smoke detectors that have been installed near sleeping areas, in the living room, and near the furnace and water heater. Fire extinguishers are installed and will be maintained in the home.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' x 15'	165	2
2	11' x 14'	154	1

The living, dining and television room areas measure a total of 816 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

In consideration of the above information, it is concluded that this facility can accommodate three (3) residents. It will be the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to three (3) residents who are developmentally disabled. The program will include social interaction skill development, assistance with personal hygiene, and assistance in the development of 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 programs operated and funded by Ottawa County Community Mental Health. 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 was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant, Polly Stillson has sufficient resources to provide for the adequate care of the residents as evidenced by the information provided on her application and the projected income from caring for AFC residents.

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

The supervision of residents in this family home licensed of three (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 Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identify Solutions (formerly 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. 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 her 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 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.

**D. Rule/Statutory Violation**

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 six-month license to this adult foster care family home (capacity 3).



05/14/2009

Jerry Hendrick  
Licensing Consultant

Date

Approved By:



05/14/2009

Christopher J. Hibbler  
Area Manager

Date