



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 25, 2009

Carla Wilkerson
Spectrum Community Services
3353 Lousma Dr. S.E.
Wyoming, MI 49548

RE: Application #: AS410300112
Algoma Home
2690 Wiersma
Cedar Springs, MI 49319

Dear Ms. Wilkerson:

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 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 #: AS410300112

Applicant Name: Spectrum Community Services

Applicant Address: 3353 Lousma Dr. S.E.
Wyoming, MI 49548

Applicant Telephone #: (616) 241-6258

Administrator/Licensee Designee: Carla Wilkeson, Designee

Name of Facility: Algoma Home

Facility Address: 2690 Wiersma
Cedar Springs, MI 49319

Facility Telephone #: (616) 241-6258

Application Date: 01/26/2009

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/26/2009	Enrollment
01/28/2009	Application Incomplete Letter Sent Pages 1 & 2 of app sent back for completion
01/28/2009	Inspection Report Requested - Health 1015305
02/25/2009	Inspection Completed-Environmental Health : D
03/02/2009	Contact - Document Received Completed Application and 1326
03/03/2009	Application Complete/On-site Needed
03/03/2009	File Transferred To Field Office Grand Rapids
03/05/2009	Comment app rec'd in GR
03/06/2009	Application Incomplete Letter Sent
03/30/2009	Contact - Document Received
04/27/2009	Inspection Completed-Environmental Health : A
05/21/2009	Inspection Completed On-site
05/21/2009	Inspection Completed-BFS Sub. Compliance
06/12/2009	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in the country side of Cedar Springs. It is located within 10 minutes of shopping, recreational areas, pharmacist, physicians, and ambulance services. It is located within 30 minutes of hospital services. The home is a ranch style with 2,000 square feet of living space located on a large lot. The home has six individual resident bedrooms, (with cable and telephone connections) two complete bathrooms, two half baths, an office, laundry room, kitchen, two living rooms and a dining room. There is an exit and entrance at the front and back of the home and the lower level has two exits, one being the stairway to the first floor and the second being a set of non-locking-against-egress doors that go directly to the outside. There is a two stall attached garage and a wooden deck off the dining room. The home is not handicapped accessible.

The furnace and hot water heater are located in the lower level with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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	9' 10" x 9' 10"	96.3	1
# 2	9' 10" x 9' 10"	96.3	1
# 3	10' 11" x 11' 10"	129.18	1
# 4	9' 9" x 10' 1"	98.28	1
# 5	12' 3" x 10' 1"	123.48	1
# 6	11' x 17' 7"	193.38	1

The living, dining, and sitting room areas measure a total of 401.32 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 **six (6)** 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 **six (6)** male ambulatory adults whose diagnosis is developmentally disabled, 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: network 180.

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 applicant 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 Spectrum Community Services, Inc., which is a “Non Profit Corporation” that was established in Michigan, on 11/18/1988. 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 Spectrum Community Services, Inc., has submitted documentation appointing Carla Wilkeson as Licensee Designee/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 their 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 6-bed facility is adequate and includes a minimum of 1staff -to- 3 residents per shift. All 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), 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).

Arlene B. Smith

06/25/2009

Arlene B. Smith
Licensing Consultant

Date

Approved By:



06/25/2009

Christopher J. Hibbler
Area Manager

Date