



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

July 9, 2009

Michael and Lydia Roy
13163 Southland Ct.
Holland, MI 49424

RE: Application #: AF700302004
Noble Care
13163 Southland Ct.
Holland, MI 49424

Dear Mr. and Mrs. Roy:

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,

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

License #:	AF700302004
Applicant Name:	Michael and Lydia Roy
Applicant Address:	13163 Southland Ct. Holland, MI 49424
Applicant Telephone #:	(616) 786-0315
Administrator/Licensee Designee:	N/A
Name of Facility:	Noble Care
Facility Address:	13163 Southland Ct. Holland, MI 49424
Facility Telephone #:	(616) 786-0315
Application Date:	04/27/2009
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

04/27/2009	Enrollment
05/13/2009	File Transferred To Field Office Grand Rapids
05/18/2009	Comment Application received in GR
05/18/2009	Application Incomplete Letter Sent
05/26/2009	Contact - Document Received Response to inspection report.
05/26/2009	Contact - Telephone call made Scheduled inspection.
06/04/2009	Inspection Completed On-site
06/08/2009	Inspection Completed-BFS Sub. Compliance
06/22/2009	Contact - Document Received Response to confirming letter
07/02/2009	Inspection Completed On-site
07/02/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a bi-level single-family residence that is approximately twenty years old. The home was vacant when purchased by the applicants and presented as being very clean and well maintained when inspected by this consultant. The upper level of the home includes a kitchen, dining room, full bathroom and two bedrooms. This area of the home will be used primarily by the licensee's family. The lower level which will be used by residents includes a large living/dining room, bathroom, and three bedrooms. The home is not barrier-free. The home is located in a suburban residential neighborhood consisting of other similar sized properties.

The furnace and hot water heater are located in the lower level of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery-powered single station smoke detectors which have been installed near sleeping areas, in the living room, and in the lower level near the furnace. Fire extinguishers are installed on each floor of the home, and a recent inspection of the furnace indicating its safe condition has been obtained.

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 x 13	169 square feet	2
#2	15 x 10	150 square feet	2
#3	15 x 12	180 square feet	2

The lower level living, dining, and sitting room areas measure a total of 336 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The upper level of the home will not be used by the residents of the home on a regular basis and was therefore not considered in determining the livable floor space available to residents. Residents will not be restricted from using the upper level of the home.

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

The applicant(s) intend to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged, developmentally disabled or mentally ill. 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 applicants. 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 applicants, Michael and Lydia Roy have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledge the understanding of the requirement of an adult foster care family home is that the licensees reside 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 (6) 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 applicants acknowledge 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicants acknowledge 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 Violations

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

IV. RECOMMENDATION

It is recommended that a temporary license with a capacity of six (6) be issued.



07/09/2009

Jerry Hendrick
Licensing Consultant

Date

Approved By:



07/09/2009

Christopher J. Hibbler
Area Manager

Date