



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

March 22, 2010

Anne Rorem  
Agape Home at Blueberry Fields, Inc.  
572 Lake Forest Lane  
Muskegon, MI 49441

RE: Application #: AL610304298  
Agape Home At Blueberry Fields  
4747 E. Mount Garfield Rd  
Fruitport, MI 49415

Dear Mrs. Rorem:

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 18 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.

Sincerely,

Edna E. Albert, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0662

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL610304298

**Applicant Name:** Agape Home at Blueberry Fields, Inc.

**Applicant Address:** 572 Lake Forest Lane  
Muskegon, MI 49441

**Applicant Telephone #:** (231) 780-2229

**Administrator/Licensee Designee:** Anne Rorem, Designee

**Name of Facility:** Agape Home At Blueberry Fields

**Facility Address:** 4747 E. Mount Garfield Rd  
Fruitport, MI 49415

**Facility Telephone #:** (231) 865-3400

**Application Date:** 08/20/2009

**Capacity:** 18

**Program Type:** AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

08/20/2009	Enrollment
08/25/2009	Inspection Report Requested - Health 1016232
08/25/2009	Inspection Report Requested - Fire
08/25/2009	Contact - Document Sent Rule & ACT Books & Fire Safety String
08/25/2009	File Transferred To Field Office Grand Rapids
08/27/2009	Comment Application received in GR
09/14/2009	Application Incomplete Letter Sent
02/10/2010	Inspection Completed-Fire Safety : A
03/11/2010	Inspection Completed On-site
03/17/2010	Inspection Completed-BCAL Full Compliance
03/19/2010	Inspection Completed-Environmental Health : A
03/19/2010	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This adult foster care large group home is a single story ranch style wood frame structure located in a rural area in Fruitport Township, Muskegon County. The facility consists of nine resident bedrooms located on either end of the building. Eight of the nine resident bedrooms have an attached half bathroom. One resident bedroom does not have an attached bathroom. There are two full bathrooms, a beauty shop, kitchen, dining, room, living room, laundry room, and a mechanical room located on the main floor. There is a deck located on the rear of the building, adjacent to the dining room. The home is wheelchair accessible and has two ramped, separate means of egress. The home has a private water and septic system

The propane furnace and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self

closing device and positive-latching hardware. 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. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.33 x 10.66	152	2
2	14.33 x 10.66	152	2
3	14.33 x 10.66	152	2
4	14.66 x 14.33	210	2
5	14.33 x 10.66	152.	2
6	14.66 x 14.33	210	2
7	14.66 x 14.33	210	2
8	14.66 x 14.33	210	2
9	14.66 x 14.33	210	2

The living, dining, and sitting room areas measure a total of 686 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **18** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

**Note:** This facility had been previously licensed as a 6-bed, small group home, known as Gibson Garfield West, license number AS610284391. However, it will now be operating as an 18-bed large group home known as Agape Home At Blueberry Fields under the new licensee, Agape Home at Blueberry Fields, Inc.

**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 eighteen (18) male or female ambulatory and non-ambulatory adults whose diagnosis is aged or Alzheimer’s, 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. The applicant intends to accept residents from Muskegon County-DHS, private pay individuals as a referral source.

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 Agape Home at Blueberry Fields, Inc., which is a “For Profit Corporation”, was established in Michigan, on 02/13/2009. 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 Agape Home at Blueberry Fields Inc. have submitted documentation appointing Ann Rorem as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. 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.

The licensee designee / administrator has 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 18 bed facility is adequate and includes a minimum of 1 staff –to- 15 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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)) 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 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges 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 applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

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 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 six-month temporary license to this adult foster care large group home (capacity 13-18).

	<u>03/22/2010</u>
Edna E. Albert	Date
Licensing Consultant	

Approved By:

	<u>03/22/2010</u>
Christopher J. Hibbler	Date
Area Manager	