



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

August 30, 2010

Wanda Dixon
9353 Bluff Lake St.
Zeeland, MI 49464

RE: Application #: AF700308233
Bluff Lake
9353 Bluff Lake St.
Zeeland, MI 49464

Dear Ms. Dixon:

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 4 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 #:	AF700308233
Applicant Name:	Wanda Dixon
Applicant Address:	9353 Bluff Lake St. Zeeland, MI 49464
Applicant Telephone #:	(616) 848-4516
Administrator/Licensee Designee:	N/A
Name of Facility:	Bluff Lake
Facility Address:	9353 Bluff Lake St. Zeeland, MI 49464
Facility Telephone #:	(616) 848-4516
Application Date:	05/07/2010
Capacity:	4
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

05/07/2010	Enrollment
05/14/2010	Contact - Document Sent Rule & ACT Books
05/14/2010	Application Incomplete Letter Sent 1326's for applicant and household member/responsible person
05/14/2010	PSOR on Address Completed
05/26/2010	Contact - Document Received 1326's for applicant and household member/responsible person
07/07/2010	Licensing Unit file referred for criminal history review For applicant and household member/responsible person
07/07/2010	Licensing Unit received criminal history file from review NS – for household member/responsible person
07/07/2010	Application Complete/On-site Needed
07/07/2010	File Transferred To Field Office Grand Rapids
08/13/2010	Inspection Completed On-site
08/13/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a seven year old, single-family two-story residence located in a suburban residential neighborhood consisting of other similar sized and styled homes. The basement level of the facility is completely finished and includes two resident bedrooms, a living room and a full bathroom. The main floor of the facility includes a kitchen, dining room, living room and half bathroom. The second floor of the facility will be used by the applicant and includes a family room, bedroom, and a full bathroom. This facility has both municipal water and gas service.

The furnace and hot water heater enclosure is located in the basement that is equipped with a 1-3/4 inch solid core door, an automatic self-closing device, and positive latching hardware. The facility is equipped with an interconnected hardwire smoke detection system, with battery back up. Smoke detectors have been installed throughout the home including near sleeping areas, in the lower level living room near the furnace and the kitchen. Fire extinguishers have been installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	12' 6" x 10' 6"	131 square feet	2
Bedroom #2	13' 6" x 13' 6"	182 square feet	2

The living, dining, and sitting room areas measure a total of 1,386 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Ottawa County-DHS, Ottawa County CMH, or 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, 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 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(s) 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 applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee must 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 four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant acknowledges that the number of responsible persons -to- residents on duty in the home may increase in order to meet the adequate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledges an understanding of the qualification and suitability 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) 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 their responsibility to obtain all required good moral character and medical documentation and signatures that are to be completed prior to the responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to each responsible person or volunteer working directly with those residents.

The applicant acknowledges their responsibility to maintain a current employee record on file in the home for each licensee, responsible person or volunteer and follow 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 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 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 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 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 applicant acknowledges that the home is not wheel chair accessible or barrier free, and agrees not to accept a resident with impaired mobility.

D. Rules or 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 family home (capacity 4).



08/30/2010

Date

Licensing Consultant

Approved By:



08/30/2010

Date

Christopher J. Hibbler
Area Manager