



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

October 11, 2010

Jill Thompson  
908 W. Fargo  
Ionia, MI 48846

RE: Application #: AF340308957  
Thompson AFC Home  
908 W. Fargo  
Ionia, MI 48846

Dear Ms. Thompson:

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 (517) 241-2585.

Sincerely,

Dawn N. Timm, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 335-6232

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF340308957
<b>Applicant Name:</b>	Jill Thompson
<b>Applicant Address:</b>	908 W. Fargo Ionia, MI 48846
<b>Applicant Telephone #:</b>	(616) 642-6419
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Thompson AFC Home
<b>Facility Address:</b>	908 W. Fargo Ionia, MI 48846
<b>Facility Telephone #:</b>	(616) 642-6419 06/16/2010
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

06/16/2010	Enrollment
06/17/2010	Application Incomplete Letter Sent
06/17/2010	Inspection Report Requested - Health
06/17/2010	Application Incomplete Letter Sent
06/28/2010	Inspection Completed-Env. Health : A
07/30/2010	Application Incomplete Letter Sent
09/03/2010	Application Complete/On-site Needed
09/03/2010	Inspection Completed On-site
09/03/2010	Inspection Completed-BCAL Sub. Compliance
09/13/2010	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a large, two-story brick with siding home with an unfinished basement. The facility is located in Ionia, Michigan, in a residential neighborhood. The back and sides of the facility are surrounded by mature pine trees which provide a natural fence as well as privacy. There is sufficient space for staff and/or visitor parking in the driveway and on the street. Attached to the facility is a two-car garage with concrete floors and ample space for storage.

The first floor of the facility is approved for resident use and includes the kitchen, dining area, family room, half-bathroom, and the sleeping quarters for Mr. and Mrs. Thompson. The area designated as the sleeping area for the Thompson's is not approved for resident use. There is also a sliding glass door off of the dining area that opens onto a large back deck. The laundry facilities are located in the basement, which is not approved for resident use.

The second story consists of four bedrooms and two full bathrooms. Bedroom #4 has an attached dressing room and full bathroom. The resident bedrooms and living area measure as follows:

Bedroom #1	9'0" x 13'0"= 117.0 square feet	1 Resident
Bedroom #2	9'1"x13'5" + 2'6" x 4'8"= 133.5 square feet	2 Residents
Bedroom #3	9'6" x 12'6"= 118.75 square feet	1 Resident

Bedroom #4	11'7" x 20'0" = 231.6 square feet	3 Residents
Family Room	13'4 x 19'6" = 260 square feet	

The facility is not wheelchair accessible. The heat plant and water heater are located in the basement of the facility and are separated from the remainder of the home by a solid wood-core door that is equipped with an automatic self-closing device, non-locking against egress door hardware, and is installed in a fully stopped frame. The heater was last inspected by a qualified professional on 09/01/2010 and was found to be in good working order. The facility has an interconnected, hard-wired smoke detection system with battery back-up. Smoke detectors are located in all sleeping areas as well as living areas and the basement. There are also fire extinguishers located on all levels of the home as an extra safety precaution.

The facility has public water and private sewage. The sewage disposal system was inspected by the Ionia County Health Department on 06/28/2010 and the facility received an 'A' rating.

## **B. Program Description**

The facility will provide 24-hour supervision, protection, and personal care for six aged and/or developmentally disabled females. The program will include the opportunity to socialize with one another and staff members through discussions, games, outings, puzzles, crafts, movies, or TV. The applicant plans to utilize local community events and resources to enhance the quality of life for each resident.

Jill Thompson will be the licensee for this facility and will live in this family home with her husband Randy Thompson. A criminal history background check was completed for Jill and Randy Thompson, as well as the designated responsible person Virginia Chrisman, and they have been determined to be of good moral character. Current negative TB test results were obtained for Jill and Randy Thompson and Virginia Chrisman as well as physician statements that do not restrict any of the individual from working with vulnerable adults. Mr. Thompson's physician's statement did report that he does have some health problems but none that would limit his ability to work with vulnerable adults.

The Thompsons are buying this home and have both savings and income from employment outside of adult foster care listed as sufficient resources to provide for the residents.

Both Jill Thompson stated that she grew up with vulnerable adults because her parents owned and ran AFC facilities when she was a child. Jill and Randy Thompson owned and operated their own AFC facility from 1986-1995 in Lake Odessa, Michigan, where they cared for elderly adults and adults with cognitive and/or developmental delays. Both stated that they enjoyed caring for their residents and are happy to be returning to work that they love. Even after they closed their facility in 1995, both reported continual

interaction with AFC residents through facilities operated by Mrs. Thompson's extended family members.

Jill Thompson acknowledged understanding of the requirement that she must reside in the home to maintain this category of licensure. All of the required paperwork for both residents and employees was reviewed with Jill Thompson and she stated a verbal understanding of those required documents. She reported that all staff files and resident files will be kept at the facility.

### **C. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with quality of care rules will be assessed during the period of temporary licensing via on-site inspections.

## **IV. RECOMMENDATION**

I recommend the issuance of a temporary license to this AFC family home with a capacity of six (6) residents.



10/11/2010

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Dawn N. Timm  
Licensing Consultant

Date

Approved By:



10/11/10

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Betsy Montgomery  
Area Manager

Date