



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

December 9, 2010

Kimberly Trim and Ryan Nick
819 Grover St.
Owosso, MI 48867

RE: Application #: AS780307918
Kimberly Trim
819 Grover St.
Owosso, MI 48867

Dear Kimberly and Ryan:

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,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909-8150
(517) 335-6084

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780307918
Applicant Name:	Kimberly Trim and Ryan Nick
Applicant Address:	819 Grover St. Owosso, MI 48867
Applicant Telephone #:	(989) 723-6176
Name of Facility:	Kimberly Trim
Facility Address:	819 Grover St. Owosso, MI 48867
Facility Telephone #:	(989) 723-6176 04/08/2010
Application Date:	
Capacity:	6
Program Type:	Developmentally Disabled Mentally Ill

II. METHODOLOGY

04/08/2010	Enrollment
10/14/2010	Application Incomplete Letter Sent
12/01/2010	Application Complete/On-site Needed
12/07/2010	Inspection Completed On-site
12/07/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story ranch-style building located in the city of Owosso, Michigan. The building has a full basement used for storage, as well as a mechanical room containing the furnace and hot water heater for this facility. The mechanical room has a self-closing solid core door that is 1 3/4 inches thick. The furnace and hot water heater have recently been inspected and are in mechanically sound condition. There are fire extinguishers located on each floor of this facility, and the smoke detectors are hard wired and interconnected.

This facility has the following rooms:

- 1) Full Kitchen
- 2) Laundry room
- 3) Dining room measuring 170 sq. ft.
- 4) Family room measuring 238 sq. ft.
- 5) Living room measuring 350 sq. ft.
- 6) One full and one half-bathroom located on the same level of the facility as the resident bedrooms.
- 7) Four Resident Bedrooms:
 - a) Bedroom #1 measures 96sq. ft. and will have one resident bed.
 - b) Bedroom #2 measures 100q. ft. and will have one resident bed.
 - c) Bedroom #3 measures 135 sq. ft. and will have two resident beds.
 - d) Bedroom #4 measures 135 sq. ft. and will have two resident beds.

B. Licensee designee and Licensee designee/ Administrator Qualifications

This facility has been purchased by Kimberly Trim and she holds the deed to this property. Ms. Trim has worked as a direct care worker for the past three years in another adult foster care facility and has numerous years of experience working with the developmentally disabled and mentally ill populations. Ms. Trim is also a certified nursing assistant and is current with her certification.

Ryan Nick has also worked as a direct care worker with the same populations and is Ms. Trim's son. Mr. Ryan is also a part owner of this property.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for Ms. Trim or Mr. Nick . Ms. Trim and Mr. Nick submitted statements from a physician documenting their good health and current TB-tine negative results.

Ms. Trim and Mr. Nick have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this small group home licensed for six residents will be the responsibility of Ms. Trim and Mr. Nick 24 hours a day / 7 days a week.

Ms. Trim and Mr. Nick acknowledge an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

Ms. Trim and Mr. Nick 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.

Ms. Trim and Mr. Nick acknowledge an understanding of the administrative rules regarding medication procedures. In addition, Ms. Trim and Mr. Nick have indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Trim and Mr. Nick acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, Ms. Trim and Mr. Nick acknowledge their responsibility to maintain a current employee record on file in the home for the licensee designee, administrator or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Trim and Mr. Nick acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

Ms. Trim and Mr. Nick 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.

Ms. Trim and Mr. Nick acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Trim and Mr. Nick indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Trim and Mr. Nick 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. Ms. Trim and Mr. Nick have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Trim and Mr. Nick acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Trim and Mr. Nick 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, Ms. Trim and Mr. Nick acknowledge 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.

C. Program Description

Ms. Trim has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services for male and female residents who are mentally ill and developmentally disabled. This facility will admit both males and female over the age of 18 years. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others, does not require 24 hour nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident with daily living skills as identified in the resident's assessment, teaching and training residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in workshops in the community on a daily basis if they are able to do so.

D. Rule/Statutory Violations

There are no rule violations at this time.

IV. RECOMMENDATION

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



12/9/10

Kent W Gieselman
Licensing Consultant

Date

Approved By:



12/9/10

Betsy Montgomery
Area Manager

Date