



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 20, 2010

Cristina Basmayor
17653 Hiawatha Drive
Spring Lake, MI 49456

RE: Application #: AF700309513
Alval by the Lake
17653 Hiawatha Drive
Spring Lake, MI 49456

Dear Ms. Basmayor:

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 5 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 or the Traverse City Office (231) 922-5309.

Sincerely,

Arlene B. Smith

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0116

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF700309513

Applicant Name: Cristina Basmayor

Applicant Address: 17653 Hiawatha Drive
Spring Lake, MI 49456

Applicant Telephone #: (616) 296-2082

Administrator/Licensee Designee: N/A

Name of Facility: Alval by the Lake

Facility Address: 17653 Hiawatha Drive
Spring Lake, MI 49456

Facility Telephone #: (616) 846-6014
07/22/2010

Application Date:

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/22/2010	Enrollment
07/27/2010	Contact - Document Sent Rule & ACT Books
07/27/2010	File Transferred To Field Office Grand Rapids
08/27/2010	Application Incomplete Letter Sent
10/14/2010	Contact - Document Received From applicant
11/30/2010	Contact - Telephone call received From Responsible person.
12/08/2010	Inspection Completed On-site
12/08/2010	Inspection Completed-BCAL Sub. Compliance
12/08/2010	Application Complete/On-site Needed
12/17/2010	Contact - Document Received From applicant
12/17/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is of stick construction and is a bi level home located in a residential subdivision of Ferrysburg. There is a large entry way with a short stairway up to the main level of the home. The main level contains a living room, a dining room, a large kitchen, a full bathroom, the master bedroom and a resident bedroom. There is also an exterior porch/deck off the dining room. There is a short stairway down to the lower level where there is a large family room, another dining area, two resident bedrooms, and one non-resident room.. Off the family room there is a sliding glass door which leads to a patio. There is a storage room off the family room. The home is not wheelchair accessible. The home will use utilize public water and sewage system.

The furnace is fueled with natural gas along with the hot water heater. They are located on the lower level in the non-resident room. 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. The home is located five miles from North Ottawa Community Hospital

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	14' 8" x 10' 9"	157.60	2
Bedroom # 2	13' x 10'	130	2
Bedroom # 3	12' x 8' 1"	96.96	1

The living room, family room and the dining room along areas measure a total of 979.98 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 five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged, mentally ill and developmentally disabled. 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, as a referral source or private pay individuals.

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 has 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 five (5) 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 has indicated that for the original license of this 5 bed family home, there is adequate supervision with 1 responsible person on-site –for- 5 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each 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 the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 1-5).

Arlene B. Smith

12/20/2010

Arlene Smith
Licensing Consultant

Date

Approved By:



12/20/2010

Christopher J. Hibbler
Area Manager

Date