



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

January 12, 2011

Nervilyn Jenkins  
Above and Beyond Care, LLC  
3287 Stormy Creek Dr., SE  
Kentwood, MI 49512

RE: Application #: AS410311728  
Above and Beyond Care LLC  
3287 Stormy Creek Dr. SE  
Kentwood, MI 49512

Dear Ms. Jenkins:

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 (616) 356-0100.

Sincerely,

Grant Sutton, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0117

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410311728

**Applicant Name:** Above and Beyond Care, LLC

**Applicant Address:** 2247 Nelson SE  
Grand Rapids, MI 49507

**Applicant Telephone #:** (616) 570-0704

**Administrator/Licensee Designee:** Nervilyn Jenkins, Designee  
Troy Gooden, Administrator

**Name of Facility:** Above and Beyond Care LLC

**Facility Address:** 3287 Stormy Creek Dr. SE  
Kentwood, MI 49512

**Facility Telephone #:** (616) 318-6038

**Application Date:** 12/20/2010

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/20/2010	Enrollment
01/04/2011	File Transferred To Field Office Grand Rapids
01/04/2011	Contact - Document Sent Rule & ACT Books
01/06/2011	Comment Application received in GR
01/06/2011	Application Incomplete Letter Sent
01/07/2011	Inspection Completed BCAL-Sub-compliance
01/07/2011	Confirming Letter Sent
01/10/2011	Application Complete/On-site Needed Remaining documents received
01/11/2011	Inspection Completed-BCAL Full compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a condominium of newer construction located in Kentwood in an area of condominium developments. The main floor consists of a kitchen and dining area, living room, 3 resident bedrooms, 2 full bathrooms and a ½ bathroom. The lower level consists of a sitting area, 2 resident bedrooms, 1 bedroom currently used as an office, and 2 full bathrooms. The facility utilizes public water and sewer systems through the city of Kentwood. There are two means of egress from the main floor and two means of egress from the lower level, with one door exiting directly to the outside. Residents with mobility impairments may not utilize or reside in the lower level.

The gas furnace and hot water heater are located in the lower level in a room that is constructed of materials that provide a 1-hour fire resistance rating with a 1 ¾ 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 an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Main Floor Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	14'11" x 11'2"	166 sq. ft.	1
#2	11'1" x 15'	166 sq. ft.	1
#3	11'6" x 15'2"	174 sq. ft.	2
<b>Lower Level</b>			
#4	12'6" x 14' 8"	183 sq. ft.	1
#5	13'7" x 13'	176 sq. ft.	1

The main floor living, dining, and lower level sitting room areas measure a total of 589 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**Note:** This home was previously licensed as an adult foster care small group home, Cedar House, License #AS410306841.

## 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 program statement includes the specialized services that individuals diagnosed with Alzheimer's will receive. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, aged, Alzheimer's, and/or limited physical disabilities 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 based on each resident's social and behavioral developmental needs. The applicant intends to accept residents from Care Resources and from network 180, the local mental health board.

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 assure the availability of 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 Above & Beyond Care, L.L.C., which is a “Domestic Limited Liability Company”, established in Michigan, on 01/10/2009. 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 members of Above & Beyond Care, L.L.C. have submitted documentation appointing Nervilyn Jenkins as Licensee Designee for this facility and Troy Gooden as the 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 medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 to 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 small group home (capacity 6).



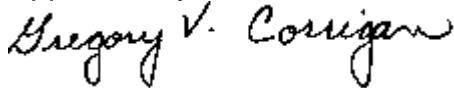
01/11/2011

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Grant Sutton  
Licensing Consultant

Date

Approved By:



01/12/2011

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Gregory V. Corrigan  
Area Manager

Date