



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

February 22, 2011

Billy Walker Jr.
1300 Adams Ave.
Muskegon, MI 49442

RE: Application #: AL610302645
Walker House AFC
125 Delaware
Muskegon, MI 49442

Dear Mr. Walker Jr.:

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 15 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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
Desk: (616) 356-0111

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL610302645
Applicant Name:	Billy Walker Jr.
Applicant Address:	1300 Adams Ave. Muskegon, MI 49442
Applicant Telephone #:	(231) 777-3644
Administrator/Licensee Designee:	Billy Walker Jr.
Name of Facility:	Walker House AFC
Facility Address:	125 Delaware Muskegon, MI 49442
Facility Telephone #:	(231) 728-3102 05/29/2009
Application Date:	
Capacity:	15
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/29/2009	Enrollment
06/03/2009	Licensing unit file referred for criminal history review Address PSOR
06/08/2009	Contact - Document Sent Letter re PSOR
06/16/2009	Inspection Report Requested - Health 1015954
06/16/2009	Inspection Report Requested - Fire
06/16/2009	Contact - Document Sent Rule & ACT Books
06/16/2009	File Transferred To Field Office Grand Rapids
06/18/2009	Comment Application received in Grand Rapids
07/07/2009	Inspection Completed-Environmental. Health : B
07/17/2009	Application Incomplete Letter Sent
07/20/2009	Contact - Document Received Received written complaint. Complainant was informed this office has no jurisdiction because setting is unlicensed.
07/27/2009	Contact - Document Received Received documents requested in 07/17/2009 letter to the applicant.
07/30/2009	Application Incomplete Letter Sent
08/04/2009	Contact - Document Received Received requested documents from applicant.
10/22/2009	Contact - Telephone call received From applicant discussing plan review issues.
11/18/2009	Contact - Telephone call made To applicant discussing plan review issues.
01/08/2010	Contact - Telephone call received From applicant discussing plan review issues.

01/12/2010 Contact - Telephone call received
From applicant discussing plan review issues.

02/02/2010 Contact – Telephone call received
Message from applicant.

03/29/2010 Contact – Telephone call received
Message from applicant.

06/07/2010 Contact – Document sent
Letter to applicant requesting completion target date.

06/07/2010 Contact – Telephone call made
Left message asking applicant to return my call.

06/08/2010 Contact – Telephone call received
From applicant.

06/08/2010 Inspection Report Requested – Health

06/11/2010 Contact – Telephone call received
Message from applicant

06/23/2010 Contact –Telephone call received
Message from applicant.

06/23/2010 Contact – Document received
Received fax document from applicant.

06/30/2010 Contact – document received
Received revised faxed document with target date.

07/02/2010 Inspection Completed – Environmental Health: A rating

08/30/2010 Contact – Telephone call received
Message from applicant.

10/04/2010 Contact – Telephone call received
From applicant.

12/13/2010 Contact – Telephone call received
Message from applicant.

01/18/2011 Contact – Telephone call received
From applicant.

02/08/2011 Contact – Telephone call received
From applicant.

02/08/2011 Contact – Telephone call received
From applicant.

02/08/2011 Inspection Completed-Fire Safety: A rating

02/17/2011 Inspection Completed on site
Full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This two-story building is located inside the city limits of Muskegon and has primarily cement block construction, with aluminum siding on a three-season enclosed porch. There are 1.5 bathrooms upstairs and 1.5 downstairs. The living room, dining room, dayroom, and kitchen are located on the main floor. The home is not wheelchair accessible. Public water and sewer is provided by the city of Muskegon.

The applicant has been operating a room and board operation at this location since 06/05/2009 but will be switching to Adult Foster Care upon licensure.

The furnaces and hot water heaters are located in a heat plant room. The heat plant room is located in the basement and has a 1-hour-fire-resistance rating with an approved door equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with multiple pull station alarms and has a sprinkler system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (main floor)	10'3" x 9'8" minus 2'1" x 2'3"	94.33	1
2 (main floor)	15'2" x 9'11" minus 2'1" x 2'3"	150.48	2
3 (main floor)	12'3" x 11'5" minus 2'1" x 2'3"	135.21	2
4 (2 nd floor)	25'2" x 9'7" minus 2'1" x 2'3"	236.44	2

5 (2 nd floor)	10' x 12' minus 2'1" x 2'3"	115.32	1
6 (2 nd floor)	12' x 11' minus 2'1" x 2'3"	127.32	1
7 (2 nd floor)	13'5" x 13' 11' minus 2'1" x 2'3"	169.78	2
8 (2 nd floor)	17'6" x 14'8" minus 2'1" x 2'3"	251.87	2
9 (2 nd floor)	18'5" x 13'2" minus 2'1" x 2'3"	237.91	2

The living, dining, and sitting room areas provide a total of 532.62 square feet of living space. This is sufficient for the planned 15 residents.

Based on the above information, it is concluded that this facility can accommodate **fifteen (15)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 applicant intends to provide 24-hour supervision, protection and personal care to **fifteen (15)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, 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 for each resident's social and behavioral developmental needs. The applicant intends to accept referrals from Muskegon County DHS, Muskegon County CMH, or private pay sources.

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 not be routinely transporting residents to medical appointments. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget

statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

The licensee/administrator has 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 15 bed facility is adequate and includes a minimum of 1 staff –to- 15 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) 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 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 residents' 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 large group home (capacity 15).

Leon M. Hale

02/22/2011

Leon M. Hale
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan

02/25/2011

Gregory V. Corrigan
Area Manager

Date