



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 1, 2011

Bruce Feirick
BL&J Home Services LLC
5757 Barcroft Dr.
Grandville, MI 49418

RE: Application #: AS410311880
Dodd AFC #2
3818 Byron Center Ave.
Wyoming, MI 49519

Dear Mr. Feirick:

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 effective 03/01/2011 through 08/31/2011.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Jerry Hendrick, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 356-0112

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410311880

Applicant Name: BL&J Home Services LLC

Applicant Address: 5757 Barcroft Drive
Grandville, MI 49418

Applicant Telephone #: (616) 530-9645

Administrator/Licensee Designee: Bruce Feirick, Designee

Name of Facility: Dodd AFC #2

Facility Address: 3818 Byron Center Ave.
Wyoming, MI 49519

Facility Telephone #: (616) 647-5081

Application Date: 02/08/2010

Capacity: 5

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

02/08/2010	Enrollment
01/13/2011	Contact - Document Sent Rule & ACT Books
01/13/2011	File Transferred To Field Office Grand Rapids
01/21/2011	Inspection Completed On-site
01/21/2011	Inspection Completed-BCAL Sub. Compliance
01/31/2011	Contact - Telephone call made Left message regarding scheduling renewal inspection.
02/01/2011	Contact - Document Received Response to confirming letter
02/15/2011	Inspection Completed On-site
02/15/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a single-family two-story residence located in the city of Wyoming. The home is located in a residential neighborhood consisting of many other similar sized properties. The main floor of the home includes a dining room, kitchen, living room, two bedrooms (to be used by residents) and a full bathroom. The second floor of the home includes one bedroom to be used by a resident and a full bathroom. The basement will be off-limits to residents but will be used by staff for additional living area.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of stairs. The facility is equipped with 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	11 x 12.5	138	2

Bedroom #2	10 x 14.5	145	2
Bedroom #3	11 x 14	154	1

The living, dining, and sitting room areas measure a total of 314 square feet of living space. This exceeds the minimum of 35 square feet per resident 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

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 **five (5)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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 provide all 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 BL & J Home Services L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 01/11/2011. 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 Board of Directors of BL & J Home Services L.L.C. has submitted documentation appointing Bruce Feirick as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant (or licensee designee) and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The (applicant or 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 5-bed facility is adequate and includes a minimum of 1 staff -to- 5 residents per shift.

The applicant acknowledges an understanding of the training and qualification 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of 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, the applicant acknowledges 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.

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.

IV. RECOMMENDATION

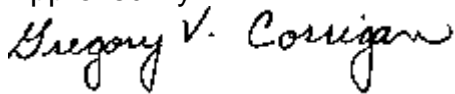
I recommend issuance of a temporary license for this adult foster care small group home (capacity 5).



03/01/2011

Jerry Hendrick Licensing Consultant	Date
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Approved By:



03/01/2011

Gregory Corrigan Area Manager	Date
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