



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

March 10, 2011

Marva Townsend  
Caring Meadows Living Center, Inc.  
1001 Lafayette SE  
Grand Rapids, MI 49507

RE: Application #: AS410309723  
Caring Meadows II  
1171 Lafayette S.E.  
Grand Rapids, MI 49507

Dear Ms. Townsend:

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,

Edna E. Albert, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0662

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410309723

**Applicant Name:** Caring Meadows Living Center, Inc.

**Applicant Address:** 1001 Lafayette SE  
Grand Rapids, MI 49507

**Applicant Telephone #:** (616) 475-5433

**Administrator/Licensee Designee:** Marva Townsend, Designee

**Name of Facility:** Caring Meadows II

**Facility Address:** 1171 Lafayette S.E.  
Grand Rapids, MI 49507

**Facility Telephone #:** (616) 475-5433  
08/03/2010

**Application Date:**

**Capacity:** 6

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

## II. METHODOLOGY

08/03/2010	Enrollment
08/09/2010	Contact - Document Sent Rules & Act booklets
08/09/2010	Application Incomplete Letter Sent App #16, responsible person
08/13/2010	Contact - Document Received App - #16 completed
08/23/2010	Application Incomplete Letter Sent
10/25/2010	Application Incomplete Letter Sent
11/23/2010	Inspection Completed On-site
11/23/2010	Inspection Completed-BCAL Sub. Compliance
11/23/2010	Application Incomplete Letter Sent
03/03/2011	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This home is an older two story wood frame structure located in an urban residential area in the city of Grand Rapids. The home is located within walking distance of the city bus lines and commercial shopping areas.

The facility has been restored with new floor covering and newly painted interior. There is a full unfinished basement that will not be accessed by residents. The main floor includes living, dining and kitchen areas that are located adjacent to each other. Also located on the first floor are two resident bedrooms, a full bathroom, a laundry room, and a utility storage area. The upper floor includes four bedrooms. Three of the upstairs bedrooms are for resident use and will be used as staff quarters. There is also a, a sitting room, full bathroom, and a facility office on this floor.

The home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. The home utilizes the public water and sewage system.

A gas furnace or boiler 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 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
Downstairs			
1	13.33 x 14.17	188.8	2
2	11.75 x 13.25	155.68	1
upstairs			
3	12 x 9.25	111	1
4	8.42 x 12.17	102.47	1
5	13.66 x 8.5	116	1
6	STAFF ROOM		

The living, dining, and upstairs sitting room areas measure a total of 519.7square 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.

#### 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 six (6) male or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or aged, 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 residents from Kent County-DHS, Kent County CMH, or private pay individuals as a referral source.

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 Caring Meadows Living Center, Inc., which is a “Non Profit Corporation” established in Michigan, on 09/07/2006. 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 Caring Meadows Living Center, Inc. has submitted documentation appointing Marva Townsend as Licensee Designee and Administrator for this facility of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and 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 licensee designee /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 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 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.

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 small group home (capacity 1 - 6).

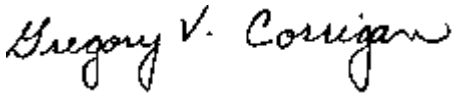


Licensing Consultant

03/04/2011

Date

Approved By:



Area Manager

03/10/2011

Date