



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 18, 2011

Sandra Ambrus
Achieving Independence AFC LLC
12955 68th Street SE
Alto, MI 49302

RE: Application #: AM410311939
Achieving Independence AFC LLC
4280 Burlingame SW
Wyoming, MI 49509

Dear Ms. Ambrus:

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 12 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) 356-0662.

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 #:	AM410311939
Applicant Name:	Achieving Independence AFC LLC
Applicant Address:	12955 68th Street SE Alto, MI 49302
Applicant Telephone #:	(616) 868-0001
Licensee Designee:	Sandra Ambrus
Name of Facility:	Achieving Independence AFC LLC
Facility Address:	4280 Burlingame SW Wyoming, MI 49509
Facility Telephone #:	(616) 868-0001 01/13/2011
Application Date:	
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/13/2011	Enrollment
01/19/2011	Inspection Report Requested - Health 1018316
01/19/2011	Inspection Report Requested - Fire
01/19/2011	Licensing Unit file referred for criminal history review Cary Deible
01/19/2011	Contact - Document Sent Rule & ACT Books and Fire Safety String
01/19/2011	Comment Sent letter regarding SOS address discrepancy for Cary Deible
01/31/2011	Licensing Unit received criminal history file from review "NS" crime previously reviewed no additional crimes noted.
02/03/2011	File Transferred To Field Office Grand Rapids
02/07/2011	Comment app rec'd in GR
03/01/2011	Inspection Completed-Fire Safety : A
03/02/2011	Inspection Completed-Environmental Health : A
03/09/2011	Inspection Completed On-site
03/10/2011	PSOR on Address Completed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility was previously licensed as a twelve (12) bed medium group home, Annies Acres, until 04/29/2010. This applicant is now requesting a twelve (12) bed license. The home is a stick built ranch construction with a fully finished lower level. The home is located in a suburban residential area. It is within walking distance of public transportation and shopping areas. The main floor of the facility includes an open living room, dining room, and kitchen area. A sun porch is adjacent to the kitchen. There are also eight resident bedrooms and two full bathrooms on the main floor. The home is

wheelchair accessible, as it has 2 approved means of egress that are equipped with ramps from the first floor. The home utilizes public sewer and water systems.

The gas furnace and hot water heater are located on the lower level, the same floor as resident bedrooms, in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 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 interconnected, hardwire smoke detection system with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout, or in a specific area.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Main Floor			
1	9.5 x 9.91	94	1
2	9.58 x 9.91	95.54	1
3	8.58 x 9.91	85	1
4	9.5 x 9 +3.58 x 2.33	93.3	1
5	9.41 x 9 + 3.58 x 2.33	92.9	1
6	10.58 x 9.33	98.71	1
7	11.25 x 9.41	105.86	1
8	10.91 x 10.33	112.7	1
Lower level			
9	13.66 x 10.16 +2.5 x 3.41	147.28	2
10	11 x 8.41	92.5	1
11	8.91 x 9	80.19	1

The living area consists of space on the main floor and the lower level. The main floor living area consists of the living room, dining, and sitting room. The lower level living area consists of a sitting room, game room and living room. The living area for the facility measures a total of 907.98 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 six (12) 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 twelve (12) male or female adults whose diagnosis is developmentally disabled or mentally impaired, physically 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. 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 Achieving Independence AFC, L.L.C., which is a "Domestic Limited Liability Company" established in Michigan, on 12/07/2010. 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 Achieving Independence AFC, L.L.C. have submitted documentation appointing Sandy Ambros as Licensee Designee for this facility and Cary Deible 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 12 bed facility is adequate and includes a minimum of 1 staff to 12 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

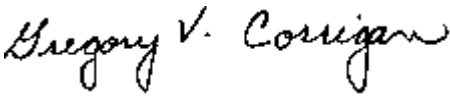
The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care medium group home (capacity 1 - 12).


Licensing Consultant 03/17/2011
Date

Approved By:


Area Manager 03/18/2011
Date