



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 2, 2011

Curtis Bird
2456 Edgewood Ave. SE
Grand Rapids, MI 49546

RE: Application #: AF410307262
lil oak helpers
2456 Edgewood Ave. SE
Grand Rapids, MI 49546

Dear Mr. Bird:

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 three (3) is issued.

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,

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 356-0116

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF410307262
Applicant Name:	Curtis Bird
Applicant Address:	2456 Edgewood Ave. SE Grand Rapids, MI 49546
Applicant Telephone #:	(616) 805-3824
Administrator/Licensee Designee:	N/A
Name of Facility:	lil oak helpers
Facility Address:	2456 Edgewood Ave. SE Grand Rapids, MI 49546
Facility Telephone #:	(616) 805-3824
Application Date:	03/17/2010
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/17/2010	Enrollment
03/23/2010	Application Incomplete Letter Sent Application sent back for completion
03/23/2010	PSOR on Address Completed
03/23/2010	Contact - Document Sent Rule & ACT Books
04/19/2010	Contact - Document Received Completed Application
04/26/2010	Application Complete/On-site Needed
04/26/2010	File Transferred To Field Office Grand Rapids
05/04/2010	Application Incomplete Letter Sent
07/26/2010	Contact - Document Received Medical Clearance request on applicant and on his daughter along with corrections on the application.
10/27/2010	Inspection Completed On-site
10/27/2010	Inspection Completed-BCAL Sub. Compliance
12/16/2010	Contact - Telephone call received Applicant and I spoke about what he has to do to come into compliance. He stated that he is currently working with the landlord to make the repairs to the sidewalk and other things that require corrections. He stated he will be back in touch with us.
01/26/2011	Contact - Telephone call made Applicant stated that they cannot fix the sidewalk until spring.
03/17/2011	Contact - Telephone call made Applicant still working on repairs. Side walk not completed. He stated he will call us when the repairs are completed.
07/18/2011	Contact - Telephone call received Applicant called and stated that he has completed all the items on the confirming letter. He stated that he is asking for four resident beds. I explained that he does not have the square footage for that many residents. I also stated he and his responsible person would need to have a new physical. He requested the physical

forms. I sent them this date. I also copied the rules related to the needed physical and the required size of the bedrooms. He stated he will complete the physical forms and will send them in and then we can set the date for a re-inspeciton.

- 07/21/2011 Contact - Telephone call received
Applicant left a message that stated he received the physical sheets but he and his responsible person (daughter) could not get doctor's appointments until September. He stated that he would seek out other physicians or clinics to get the physicals completed. He did not mention the room sizes but he wants to secure his afc license. He said he would call back when he secured the physicals.
- 09/14/2011 Contact - Telephone call received
Applicant called and stated his physicals will complete on September 27 for him and his daughter. He stated he will send them when they are completed.
- 09/30/2011 Contact - Telephone call received
From applicant who stated their physicals were completed along with the furnace inspection and he was mailing the documents today.
- 10/03/2011 Contact - Document Received
Received Medical Clearance Request on the applicant, a Medical Clearance for the Member of the Household, Furnace inspection report and a floor plan with measurements.
- 10/03/2011 Contact - Telephone call received
From Applicant.

III. DESCRIPTION OF FINDINGS & CONCLUSION

A. Physical Description of Facility

This well maintained home is located in a residential neighborhood in the city of Grand Rapids. The home is of wood construction and is a duplex with a basement and a garage that is not attached to the home. The main floor consist of a kitchen with a eating area, the living room with a slider to a wood deck, the licensee's bedroom, a two bed resident bedroom, a single resident bedroom and a full bathroom. The laundry is located in the basement. The home is not handicap accessible. The home uses public water and sewage. The back yard is fenced in.

The gas 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. The facility is equipped with battery powered, single station smoke detectors that have been installed near sleeping areas, in the living room, in the (basement) near the furnace. Fire extinguishers are located on each floor of the home.

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	14' 3" x 9' 10"	140 Sq. feet	2
Bedroom # 2	10' 2" x 11'	111.87 Sq. feet	1

The living and dining room areas measure a total of 386.28 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 three residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kent County-DHS, Kent County CMH (network 180), 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, or the responsible person.

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In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant acknowledges that the number of responsible persons –to- residents on duty in the home may increase in order to meet the adequate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 and medical documentation and signatures that are to be completed prior to the responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to each responsible person or volunteer working directly with those residents.

The applicant acknowledges their responsibility to maintain a current employee record on file in the home for each licensee, responsible person or volunteer and follow the retention schedule for all of the documents contained within each employee's file.

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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

D. Rules or Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 3).



11/02/2011

Arlene B. Smith
Licensing Consultant

Date

Approved By:



11/02/2011

Jerry Hendrick
Area Manager

Date