



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 6, 2012

Teresa Tiesma
Hope Network West Michigan
PO Box 0141
Grand Rapids, MI 49501

RE: Application #: AS410312036
Bristol
909 Bristol Ave. NW
Grand Rapids, MI 49504

Dear Ms. Tiesma:

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 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, N.W.
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 #: AS410312036

Applicant Name: Hope Network West Michigan

Applicant Address: 781 36th Street SE
Grand Rapids, MI 49508

Applicant Telephone #: (616) 248-5900

Administrator/Licensee Designee: Teresa Tiesma, Designee

Name of Facility: Bristol

Facility Address: 909 Bristol Ave. NW
Grand Rapids, MI 49504

Facility Telephone #: (616) 791-4130

Application Date: 01/24/2011

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/24/2011	Enrollment
01/27/2011	Contact - Document Sent Rule & ACT Books
01/27/2011	File Transferred To Field Office Grand Rapids
01/31/2011	Comment app rec'd in GR
02/07/2011	Application Incomplete Letter Sent
02/25/2011	Application Complete/On-site Needed
04/14/2011	Contact - Telephone call made Called to the Supervisor and she stated they are working on having the wall inspected.
04/30/2011	Contact - Face to Face With the Applicant/Licensee and she stated they were still working on having the wall evaluated.
05/20/2011	Contact - Telephone call made Telephoned Supervisor and she stated that they still do not have an inspection completed.
06/29/2011	Contact - Telephone call made Spoke with Supervisor and still no report on status of the wall.
07/19/2011	Contact - Telephone call made Spoke with Supervisor and still they do not have an inspection on the wall.
08/23/2011	Contact - Face to Face With Applicant/ Licensee Teresa Tiesma and they still do not have a report on the wall.
09/01/2011	Contact - Telephone call received Received a telephone call from Ted Jensen, Fire Hazard Inspector, Grand Rapids Fire Prevention Bureau, City of Grand Rapids, Fire Department. He stated that he and Scott Wheaton, Building inspector for the city of Grand Rapids had inspected the wall. He stated that it was a fire rated wall and he would send me a letter stating it as such.
09/01/2011	Contact - Document Received

Received a letter signed by Ted Jensen from the City of Grand Rapids, Fire Department, Fire Prevention Bureau. The letter stated that they had inspected the wall and it was... "Readily apparent that the drywall separation between the apartment unit and the other part of the building was intact and the metal door and frame both had rating tags for 1 1/2 hours and has at least a minimum of a 1 hour fire separation rating."

- 09/29/2011 Contact - Telephone call made
Spoke with staff from Hope Network Maintenance who stated that that he was at the inspection with the City of Grand Rapids on 08/30/2011.
- 10/19/2011 Contact - Telephone call made
With Applicant/Licensee. We set a re-inspection on 11/02/2011.
- 11/02/2011 Inspection Completed On-site
- 11/02/2011 Inspection Completed-BCAL Full Compliance
- 01/05/2012 Contact - Telephone call made
To Licensee Designee, Teresa Tiesma.
- 01/06/2012 Contact Document Received Floor Plan
- 01/06/2012 Received Special Certification for Developmental Disabilities

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home was originally built by Hope Rehab Network, Inc. and was called Elmhurst Facility. It was licensed as small group home on 07/15//1988. The License number was SG 4100124. On a date unknown the name of the home changed to Bristol Loge Home and later to the name of Bristol with a license number of AS410011579. Hope Network West Michigan has submitted an application for Specialized Certification for individuals with a Developmental Disability

The ranch style home is of wood construction and is located on the West side of the city of Grand Rapids. The home has a main floor consisting of a kitchen, medication room, laundry room, pantry, combined dining room and living room, sensory room, two full bathrooms and four resident bedrooms. There is an attached apartment that is separated by a fire rated wall and door and with a separate entrance. The lower level will not be used by residents but contains offices and storage. The home is wheel chair accessible with cement sloped areas at the two required means of egress. The home will utilize public and private water and sewage system.

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 located at the top of the 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. 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
# 1	15' 2" x 11'	167 Square feet	Two
# 2	15' 1" x 11' 1/2"	169.5 Square feet	Two
# 3	15' 1" x 11'	167 Square feet	Two
# 4	15' 1" x 11'	166.5 Square feet	Two

The living, dining, and sitting room areas measure a total of 765.5 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 (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 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. 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, 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 Hope Network West Michigan, Inc., which is a “Domestic Non Profit Corporation”, was established in Michigan, on 12/23/1996. 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 Hope Network West Michigan, Inc. have submitted documentation appointing Teresa Tiesma as Licensee Designee for this facility and Teresa Tiesma as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/ administrator. The applicant licensee designee/ 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 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 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 or personal care required by the residents. The applicant has indicated that direct care staff will 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 ration 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 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

Arlene B. Smith

01/06/2012

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/06/2012

Jerry Hendrick
Area Manager

Date