



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 2, 2012

Mary Pepera
608 Beechwood St.
Holland, MI 49423

RE: Application #: AF700317612
Beechwood Adult Foster Care
608 Beechwood St.
Holland, MI 49423

Dear Ms. Pepera:

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 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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
Direct: (616) 916-3587

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF700317612
Applicant Name:	Mary Pepera
Applicant Address:	608 Beechwood St. Holland, MI 49423
Applicant Telephone #:	(616) 298-7433
Administrator/Licensee Designee:	N/A
Name of Facility:	Beechwood Adult Foster Care
Facility Address:	608 Beechwood St. Holland, MI 49423
Facility Telephone #:	(616) 298-7433
Application Date:	03/13/2012
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

03/13/2012	Enrollment
03/14/2012	Comment Sent letter regarding SOS address discrepancy for Donella Howard
03/14/2012	Contact - Document Sent Rule & ACT Books
03/14/2012	File Transferred To Field Office Grand Rapids
03/26/2012	Application Incomplete Letter Sent
04/04/2012	Contact - Document Received
04/04/2012	Application Complete/On-site Needed
04/04/2012	Contact - Telephone call made To Mary Pepera, setting inspection appointment.
04/13/2012	Inspection Completed-BCAL Sub. Compliance
04/13/2012	Contact – Document sent Letter to applicant identifying rule violations.
04/23/2012	Contact - Telephone call made Returned call from Mary Pepera regarding financial stability assessment.
04/23/2012	Contact - Telephone call made To Mary Pepera regarding financial stability assessment.
04/30/2012	Contact - Telephone call received From Mary Pepera informing me corrections were completed. Scheduled inspection appointment.
05/02/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The stick built ranch home has a full basement and is located in a residential area of Holland near Lake Macatawa. There is no second floor. All AFC resident bedrooms, as well as the licensee's bedroom, are located on the main floor. The licensee's mother has a bedroom in the basement. The bathroom, kitchen, and dining area are located on the main floor. The home is not wheelchair assessable. The home will utilize public water and sewer.

The gas furnace and gas hot water heater are located in the basement heat plant room. The heat plant room is accessed through a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, and is fully operational. Fire extinguishers are installed 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
1	12'3" x 9'6"	116.37	1
2	15'3" x 8'9"	133.43	2

The living and dining, areas measure a total of 345.98 square feet of living space. This complies with the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate three (3) AFC residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three (3) ambulatory residents, whose are aged, developmentally disabled, 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 Ottawa County CMH and the Veterans Administration.

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.

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 along with assistance as necessary from a family member.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license 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 has indicated that for the original license of this 3 bed family home, there is adequate supervision with 1 responsible person on-site –for- 3residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each 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 the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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.

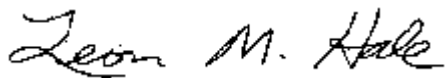
The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident.

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).



05/02/2012

Leon M. Hale
Licensing Consultant

Date

Approved By:



05/02/2012

Jerry Hendrick
Area Manager

Date