



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 20, 2012

Daniel Modderman
Spring Lake Compassionate Living, LLC
5498 Lake Michigan Drive
Allendale, MI 49401

RE: Application #: AS700321868
Spring Lake Compassionate Living
16609 Villa Parkway
Spring Lake, MI 49456

Dear Mr. Modderman:

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, NW
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS700321868

Applicant Name: Spring Lake Compassionate Living, LLC

Applicant Address: 5498 Lake Michigan Drive
Allendale, MI 49401

Applicant Telephone #: (616) 334-6262

Administrator/Licensee Designee: Daniel Modderman, Licensee Designee
Deborah Link, Administrator

Name of Facility: Spring Lake Compassionate Living

Facility Address: 16609 Villa Parkway
Spring Lake, MI 49456

Facility Telephone #: (616) 334-6262

Application Date: 05/18/2012

Capacity: 6

Program Type: AGED

II. METHODOLOGY

05/18/2012	Enrollment
05/22/2012	Contact - Document Sent Rules & Act booklets
05/24/2012	Comment app rec'd in GR / file forwarded to Mel
05/31/2012	Application Incomplete Letter Sent
05/31/2012	Application Incomplete Letter Sent
06/04/2012	Contact - Document Received Received e-mail from Licensing Consultant, Leon Hale. He stated that he had spoken with Mr. Dan Modderman. They had discussed the non-locking against egress hardware for the sliding glass door leading to the deck. Mr. Hale informed Mr. Modderman that the sliding glass door is to have non-locking against egress hardware.
06/28/2012	Contact - Telephone call received From Mr. Dan Modderman.
07/03/2012	Contact - Telephone call made Telephoned Mr. Modderman.
08/15/2012	Contact - Telephone call received Received a telephone call from Mr. Modderman concerning the ramp.
08/16/2012	Contact - Telephone call made To Mr. Modderman.
09/27/2012	Contact - Document Received E-mail received from Mr. Modderman concerning the ramp and railings.
10/10/2012	Contact - Telephone call received Received a telephone call from Mr. Modderman.
10/24/2012	Inspection Completed On-site I inspected the physical plan and met with Mr. Dan Modderman and Mr. Joe Modderman.
11/04/2012	Contact - Document Received E-mail received from Mr. Modderman that contained the room measurements.

11/12/2012 Contact - Telephone call received
Mr. Modderman left a telephone message on my telephone.

11/15/2012 Contact - Telephone call received
From Mr. Modderman.

11/15/2012 Inspection Completed On-site
Inspected the home with Mr. and Mrs. Modderman and the Administrator.

11/15/2012 Application Complete/On-site Needed

11/16/2012 Inspection Completed On-site
With Mr. Dan Modderman. Received documents: All of Mr. Modderman's trainings, floor plans, Program Statement, Admission Policy, Discharge Policy's, Resident Information and Discharge Form, Staff Weekly Schedule, Staffing ratios, Menus, Emergency Polices, Articles of Organization of Spring Lake Compassionate Living, Heating and Cooling Inspection report, Electrical Inspection report, House Rules, Written Refund Agreement, Emergency Repair Contact List, Mr. Modderman's Medical Clearance Request and the results of his TB test, and Personal Policies,

11/17/2012 Contact - Document Received.
Mr. Modderman sent in the statement from Steve Ambrose, License #6107921, from Ambrose Electrical Service, LLC. The statement read: "I have inspected the electrical system at the address of 16609 Villa Parkway and conclude that the system is safe and meets code requirements." He telephone number was (616) 638-9377.

11/17/2012 Contact –Document Received.
Mr. Modderman sent an e-mail with an attachment. The attachment was an undated letter from Larry Berghorst of Larry Berghorst Drywall. The letter was signed by Larry Berghorst. The letter stated: "We have installed drywall in the furnace room at 16609 Villa Parkway to meet the one hour requirements. Ceiling has 2 layers of 5/8" drywall with RC1 between layers and the walls have 5/8" drywall with airspace between them."

11/17/2012 Contact-Document Received.
Mr. Modderman sent an e-mail with an attachment, which was a copy of the "Property Transfer Affidavit-Deed."

11/17/2012

Contact –Document Received.

Mr. Modderman sent an e-mail with an attachment. He sent a revised Admission Policy, their proposed Budget and expenses detailed, a form for Residents and/or their Legal Guardians to signed for the confirmation of receipt of documents for the residents required papers, the meeting minutes of the corporation with confirmation that Mr. Daniel Modderman will be the Licensee Designee, and Deborah Lyon as the Administrator and she will represent the corporation in meeting the required one year experience with the aged population.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a stick framed colonial built in 2005 and located in the subdivision of Spring Lake, MI. The lawn is fully landscaped. The home has been totally redone and updated and is decorated and furnished with all new furniture and furnishings. There are three (3) individual resident bedrooms on the main floor and three individual resident bedrooms on the lower level. The Master bedroom on the main floor has an attached full bathroom. The main level of the home has a large entry way, a large open room consisting of a living room, a kitchen, a small eating/craft area right off the kitchen, a full dining room/sunroom, a laundry room, two (2) full bathrooms, (one located off the master bedroom) and a handicapped ramp through the garage. The main level of the home, where you enter is at street level. At the the end of the kitchen where the small eating/craft area is located, there is a sliding glass door which enters onto a deck, which is now the second story of the home. Connected to the deck is a wooden handicap accessible ramp which runs the width of the home until it ends on a flat surface at the back of the home. There is an open stairway from the main level to the lower level. The lower level has two exits directly to the outside. This level contains three (3) resident bedrooms, the staff bedroom, a large family room with and an attached bar-like-counter with a little kitchen area, a sun/craft room, a common area and the enclosed furnace room. There is one (1) full bathroom on the lower level. The home is wheelchair accessible and has two (2) approved means of egress that are equipped with ramps from the first floor. The home will utilize public water and sewage system.

The gas furnace and hot water heater are located in the lower level 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	10' by 12'	120 Square foot	1
# 2	10' by 12'	120 Square foot	1
# 3	15' 5" by 13' plus 9' by 5' 5"	249.24 Square foot	1
# 4	10' by 12'	120 Square foot	1
# 5	9' 5" by 10' 5"	98.16 Square foot	1
# 6	9' 5" by 10' 5"	98.16 Square foot	1

The living, dining, and sitting room areas measure a total of 1, 2812.10 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 or handicapped adults who are 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 private pay individuals.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

The applicant is Spring Lake Compassionate Living LLC, which is a “For Profit Corporation”, was established in Michigan, on July 21, 2011. 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 Spring Lake Compassionate Living LLC., have submitted documentation appointing Daniel Modderman as Licensee Designee for this facility and Deborah Link 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 a medical clearance request 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 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 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.

III. RECOMMENDATION

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

Arlene B. Smith

11/20/2012

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

11/20/2012

Jerry Hendrick
Area Manager

Date