



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 25, 2013

Scott Schrum, Licensee Designee
Residential Opportunities, Inc.
1100 South Rose Street
Kalamazoo, MI 49001

RE: Application #: AS390337773
Portage AFC
10145 Portage Road
Portage, MI 49002

Dear Mr. Schrum.:

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,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390337773

Applicant Name: Residential Opportunities, Inc.

Applicant Address: 1100 South Rose Street
Kalamazoo, MI 49001

Applicant Telephone #: (269) 343-3731

Administrator/Licensee Designee: Scott Schrum

Name of Facility: Portage AFC

Facility Address: 10145 Portage Road
Portage, MI 49002

Facility Telephone #: (269) 327-3640

Application Date: 11/26/2012

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/26/2012	Enrollment
12/04/2012	Inspection Report Requested - Health 1021012
12/04/2012	Contact - Document Sent Rule & ACT Books
12/04/2012	Application Incomplete Letter Sent 1326 for Ben Padget
12/12/2012	Contact - Document Received 1326 for Ben Padget
12/12/2012	File Transferred To Field Office Kalamazoo
12/27/2012	Application Incomplete Letter Sent
01/07/2013	Inspection Completed-Environment Health : A facility connected to city water and sewer
02/22/2013	Inspection Completed On-site
02/25/2013	Confirming letter sent
03/13/2013	Contact – Document Received Occupancy permit received
03/23/2013	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Portage AFC is a ranch style structure with a full basement located in a residential neighborhood in Portage, MI. The facility was previously an adult foster care home, but due to a fire at the facility in July of 2012, the facility has undergone extensive remodeling and repair. The facility has 6 bedrooms located on the main floor, all of which will be for resident use. Three bedrooms are located at the south end of the building and there is a full bathing facility located in the hallway near those rooms. The other 3 bedrooms are located at the north end of the home and they also have a full bathing facility located in the hallway near those bedrooms. A large TV room, living room and the kitchen/dining area are located between the sleeping areas of the home. The home is handicap accessible and has 2 wheelchair ramps.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-SE	12'11" x 11'2"	144	1
2-SW	12'11" x 11	142	1
3-W	11 x 10	110	1
4-NW	9'4" x 12'5"	115	1
5-N	9'2" x 12'5"	113	1
6-NE	10 x 11'7"	115	1

The TV room has 254 square feet of living space and the living room has 197 square feet for a total of 451 square feet of living space between the 2 areas, which exceeds the required 35 square feet of living space required for each occupant of the home.

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.

The electric furnace and water heater are located within a 1-hour fire enclosure in the basement of the facility. The fire enclosure has a 1-3/4 inch solid core door 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. While the facility is being licensed for 6 residents it has a sprinkling system installed throughout the facility. The sprinkler system was required by the Portage City building inspector.

The facility has public water and public sewage disposal. The facility received an A rating, indicating substantial compliance with applicable rules, on 12/17/2012.

A Certificate of Occupancy was granted to the facility on 03/12/2013 by the City of Portage. Andy J. Egan Co. conducted a furnace inspection on 02/22/2013 and found it to be in good working order. B.L. Harroun & Sons, Inc. conducted an inspection of the sprinkler system on 01/30/2013 and found it to be properly installed. Approved Protection Systems conducted an inspection of the smoke detection equipment on 02/18/2013 and found it to be operational.

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 Kalamazoo County CMH 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 as per the contract with the placing agency. 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 Residential Opportunities, Inc., which is a "Non Profit Corporation", was established in Michigan, on 12/21/1977. 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 Residential Opportunities, Inc. has submitted documentation appointing Scott Schrum as Licensee Designee for this facility and Ben Paget 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.

Mr. Schrum and Mr. Page have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. They are both currently Licensee Designee and Administrator for other AFC facilities licensed to Residential Opportunities, Inc. and have been for several years.

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 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 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.

C. 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 six-month temporary license to this adult foster care small group home (capacity 6).



03/25/2013

Donna Konopka
Licensing Consultant

Date

Approved By:



03/25/2013

Jerry Hendrick
Area Manager

Date