



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 1, 2013

Elizabeth Andrus
Andrus AFC Home LLC
1649 3 Mile Rd.
Walker, MI 49544

RE: Application #: AM410313774
Andrus AFC Home #2
1675 3 Mile Rd. NW
Walker, MI 49544

Dear Mrs. Andrus:

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 12 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,

Grant Sutton, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 916-4437

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410313774
Applicant Name:	Andrus AFC Home LLC
Applicant Address:	1649 3 Mile Rd. Walker, MI 49544
Applicant Telephone #:	(616) 785-4045
Administrator/Licensee Designee:	Elizabeth Andrus, Designee Anthony Andrus, Administrator
Name of Facility:	Andrus AFC Home #2
Facility Address:	1675 3 Mile Rd. NW Walker, MI 49544
Facility Telephone #:	(616) 784-6197
Application Date:	06/02/2011
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/02/2011	Enrollment
06/07/2011	Inspection Report Requested - Health 1018886
06/07/2011	Inspection Report Requested - Fire
06/07/2011	Contact - Document Sent Rule & ACT Books & Fire Safety String
06/07/2011	File Transferred To Field Office Grand Rapids
06/09/2011	Comment app rec'd in GR
06/15/2011	Application Incomplete Letter Sent
07/05/2011	Inspection Completed-Env. Health : A
09/09/2011	Contact - Telephone call made Applicant; status of plan review? Looking for an architect to draw up the plans.
06/27/2012	Contact - Telephone call received Applicant; discussed BFS rule changes.
07/19/2012	Inspection Report Requested - Health Existing inspection over 12 months old
08/03/2012	Inspection Completed-Fire Safety : A Related to existing medium group home.
10/11/2012	Inspection Completed-Env. Health : C New septic needed
01/07/2013	Inspection Completed-Env. Health : A Re-inspection; new septic installed
01/08/2013	Contact - Document Received From Health Dept.; new septic in and approved
02/13/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a raised ranch style home located in semi-suburban Walker, northwest of Grand Rapids. The main floor /upper level consists of a living/dining/kitchen combination or great room. There are 4 resident bedrooms, 1 bedroom that is used by relief staff which totals 5 bedrooms in all, and 1 full bathroom. The lower, walk-out level has 3 resident bedrooms, 1 full bathroom, a laundry room, boiler room and an apartment for the live-in staff. The facility is not wheelchair accessible. There are two approved means of egress from the main floor as well as two from the lower level. The facility utilizes public water and private septic systems.

The gas boiler and hot water heater(s) 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.

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

Main Floor/ upper level Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	8' x 10'	80 sq. ft.	1
#2	14' x 10'	140 sq. ft.	2
#3	14' x 10'	140 sq. ft.	2
#4	14' x 10'6"	147 sq. ft.	2
Walk-out Level			
#5	8' x 10'	80 sq. ft.	1
#6	14' x 10'	140 sq. ft.	2
#7	14' x 10'	140 sq. ft.	2

The living and dining room areas measure a total of 566 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 **twelve (12)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility was previously licensed as a medium group home; Bergsma's AFC #3, license #AM410008748.

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 **twelve** (12) female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, or traumatically brain injured in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from network 180 and private pay referrals 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 work with the resident, guardian, and responsible agency to assure the availability of 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 Andrus AFC Home, L.L.C., which is a "Domestic Limited Liability Company", which was established in Michigan, on 07/01/2008. 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 members of Andrus AFC Home, L.L.C. have submitted documentation appointing Elizabeth Andrus as Licensee Designee for this facility and Anthony Andrus 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 12 bed facility is adequate and includes a minimum of 1 staff -to- 12 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 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 acknowledges 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 residents' 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.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care medium group home (capacity 12).



03/01/2013

Grant Sutton
Licensing Consultant

Date

Approved By:



03/01/2013

Jerry Hendrick
Area Manager

Date