



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

December 06, 2013

Kenneth Baliat
Oasis Care Services LLC
3749 Ivy Drive
Grand Rapids, MI 49525

RE: Application #: AS410321061
Ivy Home
3749 Ivy Drive
Grand Rapids, MI 49525

Dear Mr. Baliat:

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,

Edna E. Albert, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 901-3172

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410321061

Applicant Name: Oasis Care Services LLC

Applicant Address: 3749 Ivy Drive
Grand Rapids, MI 49525

Applicant Telephone #:

Administrator/Licensee Designee: Kenneth Baliat, Designee

Name of Facility: Ivy Home

Facility Address: 3749 Ivy Drive
Grand Rapids, MI 49525

Facility Telephone #: (616) 550-3982

Application Date: 05/09/2012

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

05/09/2012	Enrollment
05/15/2012	Contact - Document Sent Rules & Act booklets
05/15/2012	Inspection Report Requested - Health
05/15/2012	Application Incomplete Letter Sent App - Licensee Designee, rec cl for LD
06/11/2012	Contact - Document Received Completed Application and 1326 for Jason Muriithi
06/11/2012	File Transferred To Field Office Grand Rapids
06/13/2012	Comment application received in Grand Rapids forwarded
06/15/2012	Inspection Completed-Environmental Health : D
06/29/2012	Application Incomplete Letter Sent
06/29/2012	Contact - Telephone call made To the applicant to discuss the application.
07/24/2012	Contact - Document Sent Letter sent for the environmental inspection with a rating for a "D".
09/10/2012	Inspection Completed-Environmental Health : A
01/27/2013	Contact - Telephone call received From Jason Muriithi regarding a change of administrator
02/13/2013	Contact - Telephone call made to Jason Muriithi
03/27/2013	Contact - Telephone call made to Jason Muriithi
04/23/2013	Contact - Telephone call made to Jason Muriithi
05/21/2013	Contact - Telephone call made to Jason Muriithi
08/19/2013	Inspection Completed On-site
08/19/2013	Inspection Completed-BCAL Sub. Compliance

08/19/2013 Contact document sent
 Confirming letter

10/24/2013 Inspection completed on site

11/06/2013 Inspection completed on site

12/06/2013 Inspection completed Environmental Health: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story ranch design. The home is located in a residential neighborhood outside of the city of Grand Rapids in Plainfield township. The structure has seven bedrooms, and two full bathrooms, the living area, dining room and kitchen all on the main level of the building. One of the bedrooms will be occupied by a live in staff and will not be available for resident use. The home is handicap accessible and has two means of egress. The home has a well and utilizes the city sewer system.

The gas furnace and hot water heater are located on the main floor of a building. They are contained 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	10.90 x 12.75	139	1
2	10.5 x 9	94.5	1
3	10 x 8.58 + 6.33 x 2.75	102.7	1
4	11 x 9.33 + 6.17 x 2.75	119.5	1
5	8 x 9.33	97.2	1

	+ 3.33 x 6.8		
6	8.75 x 10 + 2.75 x 6.33	104.9	1

The living, dining, and sitting room areas measure a total of 233 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 Network 180 (Kent County CMH), 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 Oasis Care Services, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 02/10/2013. 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 Oasis Care Services L.L.C. have submitted documentation appointing Kenneth Baliat as Licensee Designee and 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 be asleep 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 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 small group home (capacity 6).



12/06/2013

Edna Albert
Licensing Consultant

Date

Approved By:



12/06/2013

Jerry Hendrick
Area Manager

Date