



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 1, 2014

Ryan Boutell
Fessenden Adult Foster Care, LLC
8045 Old Channel Trail
Montague, MI 49437

RE: Application #: AM640361441
Fessenden Adult Foster Care
412 Hart Street
Hart, MI 49420

Dear Mr. Boutell:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to 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, N.W.
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 #: AM640361441

Applicant Name: Fessenden Adult Foster Care, LLC

Applicant Address: 8045 Old Channel Trail
Montague, MI 49437

Applicant Telephone #: (231) 670-9475

Administrator/Licensee Designee: Ryan Boutell, Designee

Name of Facility: Fessenden Adult Foster Care

Facility Address: 412 Hart Street
Hart, MI 49420

Facility Telephone #: (231) 670-9475

Application Date: 05/23/2014

Capacity: 12

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

07/24/2013	Inspection Completed-Fire Safety : A Change of licensee; compliant with most recent fire safety inspection(s)
05/23/2014	Enrollment
05/29/2014	Contact - Document Sent Rules & Act booklets
05/29/2014	Inspection Report Requested - Health Inv. #1023061
05/29/2014	Application Incomplete Letter Sent Received clearance & fingerprints for Ryan B.
06/04/2014	Inspection Completed-Env. Health : A
06/06/2014	Comment Fingerprints for Ryan B.
06/16/2014	Contact - Document Received Rec clearance for Ryan B.
06/16/2014	Application Complete/On-site Needed
06/16/2014	File Transferred To Field Office Grand Rapids
06/24/2014	Application Incomplete Letter Sent
07/02/2014	Inspection Completed On-site
07/31/2014	Inspection Completed-Fire Safety: A
07/31/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is a two story frame structure located in the Village of Hart. The main floor consists of a living room, combination dining area and kitchen, seven resident bedrooms, and two full bathrooms. The laundry facilities are located just off the kitchen area. The upper level has a bedroom used for staff to sleep over. The facility is not handicap accessible. The home utilizes public water and sewer systems.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch

solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of the stairs in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4" x 8'3"	110 sq. ft.	1
2	12'7" x 7'7"	95 sq. ft.	1
3	12' x 12'	144 sq. ft.	2
4	12' x 12'	144 sq. ft.	2
5	12' x 12'	144 sq. ft.	2
6	12' x 12'	144 sq. ft.	2
7	12' x 12'	144 sq. ft.	2

The living and kitchen/dining room areas measure a total of 662 square feet of living space. This complies with the 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 the Fessenden AFC, license #AM640238379.

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)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, and/or 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 Oceana Co. DHS and West Michigan 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 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 Fessenden Adult Foster Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 05/09/2014. 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 Fessenden Adult Foster Care, L.L.C. have submitted documentation appointing Ryan Boutell as Licensee Designee for this facility and Ryan Boutell 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 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 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).



08/01/2014

Grant Sutton
Licensing Consultant

Date

Approved By:



08/01/2014

Leon M. Hale
Area Manager

Date