



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

March 3, 2015

Ashley Bucy
256 Palmer St. NE
Grand Rapids, MI 49503

RE: Application #: AF410370132
First Care Living
256 Palmer St. NE
Grand Rapids, MI 49503

Dear Ms. Bucy:

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,

Ian Tschirhart, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF410370132

Applicant Name: Ashley Bucy

Applicant Address: 256 Palmer St. NE
Grand Rapids, MI 49503

Applicant Telephone #: (616) 419-0641

Administrator/Licensee Designee: N/A

Name of Facility: First Care Living

Facility Address: 256 Palmer St. NE
Grand Rapids, MI 49503

Facility Telephone #: (616) 419-0641

Application Date: 12/15/2014

Capacity: 6

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

II. METHODOLOGY

12/15/2014	Enrollment
12/17/2014	Public Sex Offender Registry check on Address Completed
12/17/2014	Contact - Document Sent Rule & ACT Books
12/17/2014	Application Incomplete Letter Sent Page 2 & 3 of application sent back and 1326 for Responsible Person
12/23/2014	Contact - Document Received Completed Application forms and 1326 for Melanie Poole (Responsible Person)
01/06/2015	Licensing Unit file referred for criminal history review 1326 for Melanie Poole
01/06/2015	Application Complete/On-site Needed
01/06/2015	File Transferred To Field Office Grand Rapids
02/27/2015	Inspection Completed On-site
02/27/2015	Inspection Completed-BCAL Full Compliance
02/27/2015	SC-Inspection Completed On-Site
02/27/2015	SC-Inspection Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

First Care Living is located at 256 Palmer Street NE, Grand Rapids, Michigan, and is owned by Hazel Waits, who is leasing it to Ashley Bucy. Ms. Bucy is operating a Family Home at this address. First Care Living is a two-story house with wooden slat siding. There is a large wood deck attached to the house, and an unattached one-and-a-half car garage.

This home has a basement where the furnace, hot water heater, washer and dryer are located. The main floor and basement are separated with 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 back up, which was installed by a licensed electrician and is fully operational, which was

tested upon the final inspection on 02/27/2015 and worked properly. There is an operable A-B-C fire extinguisher attached to the wall and is easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

The second floor of the house has two bedrooms, a kitchen, bathroom and living room. This is where Ms. Busy and her two children live.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'1"X10'5" + 2'5"X6'3"	151	2
2	18'X8'7"	154	2
3	10'5"X11'1" + 4'3"X6'7"	143	2
4	8'X9'	75	Will be used as an office

Total Capacity: 6

The living and dining room areas measure 222 square feet of living space. This complies with the 35 square feet/per resident requirement.

One of the four bedrooms on the main floor will be used as an office.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The lawn and other vegetation surrounding the home are adequately maintained. The driveway, walkway, and porches are all in good condition. The siding, roof, and gutters are also all in good condition. There are handrails where required.

First Care Living has a vehicle available for resident transportation that is in good, working condition, and has a first aid kit in it. The cost of transporting residents is included in the Resident Care Agreement.

B. Program Description

All of the required documents have been submitted by Ms. Bucy and are accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male and/or female ambulatory adults aged 18 and older whose diagnosis is developmentally disabled, mentally ill, physically handicapped, Traumatic Brain Injured, Alzheimer's, and/or aged in the least restrictive environment possible. An acceptable Alzheimer's care statement has been submitted. This home is not currently wheelchair accessible. 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. Ms. Bucy has also submitted an application for Special Certification for the Developmentally Disabled and Mentally Ill.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Ms. Bucy will provide transportation for the program and medical needs of her residents. 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

A licensing record clearance request was completed with no LEIN convictions recorded for Ashley Bucy, who operates First Care Living. Ms. Bucy also submitted a medical clearance request with a statement from a physician documenting their good health and current TB-tine negative results.

Ms. Bucy has 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 six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift.

Ms. Bucy has submitted in writing that their designated responsible person is Melanie Poole, and provided the Licensing Consultant with her address, telephone number, and email address.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Ms. Bucy, 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 temporary license to this adult foster care family group home (capacity 1–6).



March 3, 2015

Licensing Consultant

Date

Approved By:



March 3, 2015

Area Manager

Date