



RICK SNYDER  
GOVERNOR

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



NICK LYON  
INTERIM DIRECTOR

March 19, 2015

DaRhonda Hendrickson  
86012 Chicago Drive  
Decatur, MI 49045

RE: Application #: AM800362422  
Hendrickson House  
209 W. Delaware Street  
Decatur, MI 49045

Dear Ms. Hendrickson:

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,

Davida McShan, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5087

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM800362422
<b>Applicant Name:</b>	DaRhonda Hendrickson
<b>Applicant Address:</b>	86012 Chicago Drive Decatur, MI 49045
<b>Applicant Telephone #:</b>	(269) 423-8510
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Hendrickson House
<b>Facility Address:</b>	209 W. Delaware Street Decatur, MI 49045
<b>Facility Telephone #:</b>	(269) 423-8510 06/19/2014
<b>Application Date:</b>	
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

06/19/2014	Enrollment
06/24/2014	Inspection Report Requested - Health Inv. #1023170
06/24/2014	Contact - Document Sent Fire Safety String
06/24/2014	Contact - Document Sent Rules & Act booklets
01/27/2015	Inspection Completed – Fire Safety: A
02/23/2015	Inspection Completed On-site
03/02/2015	Application Incomplete Letter Sent
03/12/2015	Inspection Completed-Environmental Health : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

### **A. Physical Description of Facility**

Hendrickson House is located at 209 W. Delaware Street, Decatur, MI 49045. DaRhonda Hendrickson, 86012 Chicago Dr., Decatur, MI 49045, is the applicant. Ms. Hendrickson is buying the property at 209 W. Delaware St., Decatur, MI 49045 and a copy of the purchase agreement can be found in the facility file.

The home is a colonial styled home with a basement and a large non-attached garage. The home is located in the city of Decatur with buildings of similar style. There are five resident bedrooms and one resident bedroom on the main floor. There are three resident bedrooms and one resident bedroom on the second floor. There is a living room, dining room, and kitchen on the main floor. There is also a living area on the second floor of the facility. The home is not wheelchair accessible. The home utilizes public water and sewage.

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 top of stairs. 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. 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	17'3" x 9	155	2
2	11'3"x19'2"	215	2
3	17'2"x12'3"	210	2
4	11'8"x11	128	1
5	15'8"x9 + 15x10	290	2
6	13'4"x10'9"	143	1
7	10'10"x14	152	1
8	16x9	144	1

The living, dining, and sitting room areas measure a total of 700 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 **12** 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 **12** 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 Van Buren County-DHS, Van Buren County CMH, or private pay individuals.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 12 bed facility is adequate and includes a minimum of 1 staff –to- 12 residents per shift. The applicant acknowledges that the 1 staff –to-12 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 1 staff –to-12 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 1 staff –to-12 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](http://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.

