



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

July 01, 2015

Angela Helmer
15306 State Rd.
Spring Lake, MI 49456

RE: Application #: AF700371919
Schiele AFC
15306 State Rd.
Spring Lake, MI 49456

Dear Mrs. Helmer:

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 5 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,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF700371919
Applicant Name:	Angela Helmer
Applicant Address:	15306 State Rd. Spring Lake, MI 49456
Applicant Telephone #:	(616) 990-0347
Administrator/Licensee Designee:	N/A
Name of Facility:	Schiele AFC
Facility Address:	15306 State Rd. Spring Lake, MI 49456
Facility Telephone #:	(616) 990-0347
Application Date:	01/26/2015
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/26/2015	Enrollment
01/29/2015	PSOR on Address Completed
01/29/2015	Contact - Document Sent Rule & ACT Books
01/29/2015	Application Incomplete Letter Sent 1326's for Fredrica & Donald Schiele
01/29/2015	Inspection Report Requested - Health 1023859
02/03/2015	Contact - Document Received 1326's for Donald & Fredrica Schiele
03/24/2015	File Transferred To Field Office Grand Rapids
06/15/2015	Application Complete/On-site Needed
06/24/2015	Inspection Completed On-site
06/24/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Schiele AFC is located at 15036 State Road in Spring Lake, Michigan, which is in Ottawa County. The home is a single-family, ranch style house that has three bedrooms on the main floor in addition to a full, handicapped accessible bathroom that has a large Jacuzzi bathtub as well as a wheelchair accessible shower stall. Also on the main floor of this home are a living room, kitchen, dining area, laundry room, and mud room. The family living quarters are in the basement.

This house has operated as a licensed adult foster home specializing in caring for residents who are developmentally disabled for approximately 20 years –first under the license of Michelle Johnston for six years, then by Fredrica Schiele, the applicant's mother, for the past 14 years.

This house is being sold to Angela Helmer, the applicant, by Fredrica Schiele. A copy of the Promissory Note is kept in the file.

The hot water heater and furnace are located in a room in the basement that is equipped 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 06/24/2015 and worked properly. There is one operable A-B-C fire extinguisher attached to the wall on the main floor and one in the basement. Both are 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.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' X 13'6"	135	2
2	13' X 14'10"	192.79	3

Total Capacity: 5

The living and dining room areas measure a total of 410 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

The landscaping, sidewalk, and driveway of the home are all well-kept and in good condition. The roof and siding of the house are also in good condition.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to **five (5)** female adults aged 18 years and older, who may developmentally disabled, in the least restrictive environment possible. The home is wheelchair accessible and has 36-inch door widths to accommodate wheelchair accessibility throughout the home. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

The applicant has concurrently submitted an application for special certification for the developmentally disabled population.

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. Helmer will provide transportation to her residents, and has a van in which to do so. The van is in good working condition, as has a first aid kit kept in it.

C. Applicant and Administrator Qualifications

Angela Helmer has worked in an adult foster care home for several years, and has provided care to developmentally disabled adults for several years. Mrs. Helmer submitted all of the required documents, including Medical and Record Clearance requests for herself and her husband, Jason Helmer. Both of their TB-tine results were negative. Mr. and Mrs. Helmer have had Records Clearances performed and had their fingerprints submitted, and neither of them is excluded to work in an adult foster care setting.

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.

Angela Helmer has submitted in writing that Fredrica Schiele will be her Responsible Person.

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 Mrs. Helmer, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges her 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

