



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 27, 2016

Martha Guardado
5689 Gentian Ct. S.E.
Kentwood, MI 49508

RE: Application #: AF410381126
M. G. Home
5689 Gentian Ct. S.E
Kentwood, MI 49508

Dear Ms. Guardado:

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,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 295-3777

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF410381126
Licensee Name:	Martha Guardado
Licensee Address:	5689 Gentian Ct. S.E. Kentwood, MI 49508
Licensee Telephone #:	(616) 719-0045
Administrator/Licensee Designee:	N/A
Name of Facility:	M. G. Home
Facility Address:	5689 Gentian Ct. S.E Kentwood, MI 49508
Facility Telephone #:	(616) 719-0045
Application Date:	01/22/2016
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/22/2016	On-Line Enrollment
01/26/2016	Contact - Document Received Revised application with address change and 1326/Fingerprint for Martha Guardado
01/26/2016	Application Incomplete Letter Sent 1326 for Responsible Person
02/04/2016	Contact - Document Received 1326 for Sylvia Flores (Responsible person)
02/08/2016	Lic. Unit file referred for criminal history review 1326 for Sylvia Flores
02/08/2016	Comment Licensee will be moving into home once licensed.
02/08/2016	Application Incomplete Letter Sent Page 2 of application
02/16/2016	Contact - Document Received Revised page 2 of Application
03/01/2016	File Transferred To Field Office Grand Rapids
03/17/2016	Application Incomplete Letter Sent
04/01/2016	Contact - Document Received Received a copy of Applicant Martha Guardado's medical clearance and TB, proof of home ownership (warranty deed), and house rules.
04/05/2016	Contact - Telephone call made Telephone call made to Applicant Martha Guardado to request missing documents as well as schedule an on-site inspection. There was no answer. Left a message.
04/05/2016	Contact - Telephone call received Telephone call received from Applicant Martha Guardado. Scheduled inspection for 04/08/2016.
04/08/2016	Inspection Completed On-site
04/08/2016	Inspection Completed-BCAL Sub. Compliance

04/15/2016	Application Incomplete Letter Sent A confirming letter was sent
04/15/2016	Contact - Document Sent Emailed Applicant Martha Guardado a copy of a BCAL 1326A as well as the Special Certification Rules
04/20/2016	Contact - Telephone call received Telephone call received from Applicant Marth Guardado. An on-site inspection is scheduled on 04/22/2016 at 9:00am.
04/22/2016	Inspection Completed On-site I conducted an on-site inspection of the facility. A follow-up inspection will take place on Monday, 04/25/2016 at 8:00am.
04/25/2016	Inspection Completed On-site I conducted an on-site inspection. A self-closing device was added to the basement door. Non-locking-against-egress hardware was added to the bathroom doors as well. Received a letter from Applicant Martha Guardado requesting that the Responsible Person is changed from Sylvia Flores to Yolanda Guardado. She also requested to change the name of the home to M.G. Home
04/27/2016	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in the city of Kentwood. The main level of the facility consists of three resident bedrooms, a full bathroom, a living room, a kitchen, a dining area, and a lavatory and laundry room. In addition, there is a sitting room that will be for staff only. The basement consists of a bedroom, a living room and a bathroom. The basement will be off-limits to residents and is not approved for their use. This facility is not wheelchair accessible. This facility utilizes a public water and sewage system.

The 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 at the top of the stairs. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9"X13'6"- 1'3"X7'8"	135.55	2
2	12'1"X10'1"	121.77	1
3	9'6"X11'3"- 2'6"X6'5"	90.825	1

The living, dining, and sitting room areas measure a total of 380.87 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Kent County 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant(s) have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 4 bed family home, there is adequate supervision with 1 responsible person on-site –for- 4 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

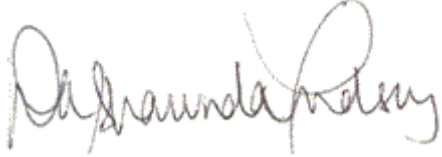
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 family home (capacity 4).



04/27/2016

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



04/27/2016

Jerry Hendrick
Area Manager

Date