



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 1, 2016

Abraham Joshua
Serenity Homes - North, L.L.C.
3109 Lawton Dr. N.E.
Grand Rapids, MI 49525

RE: Application #: AL700382076
Serenity Homes - North
830 Hayes Street
Marne, MI 49435

Dear Mr. Joshua:

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 20 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 that reads "Grant Sutton".

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL700382076

Applicant Name: Serenity Homes - North, L.L.C.

Applicant Address: 3109 Lawton Dr. N.E.
Grand Rapids, MI 49525

Applicant Telephone #: (616) 550-6411

Administrator/Licensee Designee: Abraham Joshua, Designee

Name of Facility: Serenity Homes - North

Facility Address: 830 Hayes Street
Marne, MI 49435

Facility Telephone #: (616) 677-6015

Application Date: 03/22/2016

Capacity: 20

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/02/2015	Inspection Completed-Env. Health : A OK to use from previous home (AL700316956) per Lic Consultant.
12/03/2015	Inspection Completed-Fire Safety : A OK to use from previous home (AL700316956) per Lic Consultant.
03/22/2016	Enrollment
03/28/2016	Application Incomplete Letter Sent Signed 1326 for Abraham Joshua
04/14/2016	File Transferred To Field Office Grand Rapids
05/03/2016	Application Incomplete Letter Sent
05/18/2016	Application Complete/On-site Needed
05/18/2016	Inspection Completed-BCAL Sub. Compliance
05/18/2016	Confirming letter sent
06/01/2016	Inspection Completed - BCAL Full Compliance Re-inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story dwelling located just outside suburban Marne, northwest of Grand Rapids in Ottawa County. The main floor consists of 9 resident bedrooms, 7 of which have a ½ bath and 1 with a full bathroom; 2 full bathrooms, a combination living/dining room area, alcove/sitting room area, kitchen, office, storage room, and mechanical & electrical room. The main floor has a laundry/utility room. The second level has an additional 3 resident bedrooms and a full bathroom for residents. The remainder of the second level is made up of living quarters for staff. The main floor is wheelchair accessible; the topography of the surrounding landscape allows for direct access outdoors without the necessity of wheelchair ramps. The facility utilizes private water and municipal sewage systems; the well has been approved by the Ottawa County Health Department.

The gas boiler and hot water heater(s) are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, 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. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Main floor			
1	11'5" x 18'3"	208 sq. ft.	2
2	11'1" x 11'3"	125 sq. ft.	1
3	10'8" x 18'1"	193 sq. ft.	2
4	11'1" x 13'	144 sq. ft.	2
5	11'11" x 18'1"	215 sq. ft.	2
6	11'1" x 18'9"	207 sq. ft.	2
7	11'2" x 17'1"	190 sq. ft.	2
8	12'x20'	242 sq. ft.	2
9	9'8" x 12'2"	115 sq. ft.	1
2nd floor			
1	14'6" x 14'6"	210 sq. ft.	2
2	14'6" x 9'	130 sq. ft.	1
3	13'6"x 9'	121 sq. ft.	1

The living, dining, and alcove/sitting room areas measure a total of 708 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 **twenty (20)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home was previously licensed as Serenity Homes West, LLC; license #AL700316956.

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 **twenty (20)** male or female adults whose diagnosis is developmentally disabled, mentally impaired, aged, traumatically brain injured, and/or physically disabled 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 community mental health boards, local DHHS offices, and or private pay individuals as referral sources.

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 Serenity Homes - North, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/23/2016. 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 Serenity Homes - North, L.L.C. have submitted documentation appointing Abraham Joshua as Licensee Designee for this facility and Abraham Joshua 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 20 bed facility is adequate and includes a minimum of 2 staff -to- 20 residents on the 1st & 2nd shifts. 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. There will be a minimum of 1 staff present in the home during the third shift (sleeping hours) with additional staff scheduled if determined necessary to ensure the protection of residents.

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 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.

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 large group home (capacity 20).



06/01/2016

Grant Sutton
Licensing Consultant

Date

Approved By:



06/01/2016

Jerry Hendrick
Area Manager

Date