



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

May 23, 2003

Byron Center Manor Inc
2115 - 84th Street SW
Byron Center, MI 49315

RE: Application #: AL410247136
Byron Center Manor V
2115 84th St.
Byron Center, MI 49315

Dear Byron Center Manor Inc:

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 recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Yolanda Sims, Area Manager, at (616) 356-0120.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau of Family Services
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0117

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AL410247136 |
| Applicant Name: | Byron Center Manor Inc |
| Applicant Address: | 2115 - 84th Street SW Byron Center, MI 49315 |
| Applicant Telephone #: | (616) 878-3300 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Byron Center Manor V |
| Facility Address: | 2115 84th St. Byron Center, MI 49315 |
| Facility Telephone #: | (616) 878-3364 |
| Application Date: | 03/27/2002 |
| Capacity: | 20 |
| Program Type: | AGED ALZHEIMERS |

II. METHODOLOGY

| | |
|------------|--|
| 03/27/2002 | Enrollment |
| 03/27/2002 | Inspection Report Requested - Fire |
| 03/27/2002 | Inspection Report Requested - Health |
| 03/27/2002 | Response Letter Sent enrollment |
| 07/26/2002 | Contact - Document Received Plan review from Health Dept. |
| 05/19/2003 | Inspection Completed-Fire Safety : A |
| 05/20/2003 | Inspection Completed-Env. Health : A |
| 05/22/2003 | Inspection Completed On-site |
| 05/22/2003 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single level, 20-bed facility that is part of a twin 20 design. Each of the 20 residents will have a private room with adjoining bathroom (commode and sink). There are 3 additional bathrooms, 2 with handicap accessible showers and 1 with a whirlpool bath. There is a large common area, dining area and a separate sitting area for visitors, if they desire more privacy. There is a small kitchen area off of the living area and a separate, restaurant equipped kitchen for preparing meals. There is a fenced in courtyard at the rear of the facility.

B. Program Description

The stated mission of the facility is to, "...provide quality, resident-centered care and activities, in a warm, family –like atmosphere, to adults with memory deficits." The program will serve the elderly with staff specially trained in dementia and related issues. The program will provide recreational activities geared toward each resident individually, offering choices and flexible scheduling.

C. Rule/Statutory Violations

The facility is in full compliance with adult foster care licensing rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

Grant Sutton
Licensing Consultant

Date

Approved By:

Yolanda Sims
Area Manager

Date