



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 15, 2016

Jacquelyn Williams  
7481 Eastern Ave  
Grand Rapids, MI 49508

RE: Application #: AS410384414  
Angels of Care #1  
2841 32nd St. SE  
Kentwood, MI 49512

Dear Ms. Williams:

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 (517) 284-9727.

Sincerely,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor, 350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0112

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410384414
<b>Applicant Name:</b>	Jacquelyn Williams
<b>Applicant Address:</b>	7481 Eastern Ave Grand Rapids, MI 49508
<b>Applicant Telephone #:</b>	(616) 885-6466
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Angels of Care #1
<b>Facility Address:</b>	2841 32nd St. SE Kentwood, MI 49512
<b>Facility Telephone #:</b>	(616) 885-6466
<b>Application Date:</b>	08/10/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## **II. METHODOLOGY**

08/10/2016	Enrollment
08/17/2016	Application Incomplete Letter Sent
08/17/2016	Contact - Document Sent Rule & ACT Books
08/22/2016	Contact - Document Received Completed application and 1326/RI 030 form for Jacquelyn
08/22/2016	Lic. Unit file referred for background check review 1326 for Jacquelyn Williams
08/22/2016	Lic. Unit file referred for background check review Red Screen - CF410251515
08/30/2016	Application Incomplete Letter Sent GMC Letter sent for Jacquelyn Williams.
11/09/2016	File Transferred To Field Office Grand Rapids
11/09/2016	Application Incomplete Letter Sent
11/10/2016	SC-Application Received - Original
11/25/2016	Application Complete/On-site Needed
11/29/2016	Inspection Completed On-site
12/11/2016	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

This single story home is located in a residential neighborhood in the city of Kentwood. The home is within ten minutes of hospital services, pharmacists, physicians, ambulance services, recreational services, retail shops and restaurants. The ranch style home was specifically built for Adult Foster Care residents. The home has an attached two stall garage. Off of the back of the home, there is a large wooden deck. The main floor of the home has a large dining area, kitchen, living room, staff office, laundry room, two full size bathrooms, four resident bedrooms and a second small staff office. The home is wheelchair accessible and has two approved means of egress that are at ground level. The home will utilize public water and sewage. The gas furnace and water heater are located in the unfinished

basement of the home. The floor is separated by 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 basement is not for resident use. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a license electrician and is fully operational.

The licensee has applied for a Special Certification.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	11 X 11.8	129.8	1
Bedroom #2	11 X 9.9, 2.6 X 4.10	119.56	1
Bedroom #3	12.5 X 13.8	172.5	2
Bedroom #4	12.5 X 13.8	172.5	2

The living room and dining room measure a total of 738 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the information above, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility to not exceed the facility's license 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 six (6) male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or suffer from a traumatic brain injury 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 network 180 in Kent County-and other CMH's in other counties.

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 transportation for program and medical needs as needed. 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.

The individual 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.

A licensing record clearance request was completed as well as a conviction clearance. The applicant received good moral character approval on 11/7/2016. The licensee submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee 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 six bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. 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 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 staff -to- 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 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](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.

### C. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

*Megan Aukerman, MSW*

12/15/2016

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Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

12/15/2016

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Jerry Hendrick  
Area Manager

Date