



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 17, 2017

Michael Wagner
807 Pine Ave. NW
Grand Rapids, MI 49504

RE: Application #: AF410387497
Wagner AFC Home
807 Pine Ave. NW
Grand Rapids, MI 49504

Dear Mr. Wagner:

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 blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF410387497
Applicant Name:	Michael Wagner
Applicant Address:	807 Pine Ave. NW Grand Rapids, MI 49504
Applicant Telephone #:	(616) 821-1671
Administrator/Licensee Designee:	N/A
Name of Facility:	Wagner AFC Home
Facility Address:	807 Pine Ave. NW Grand Rapids, MI 49504
Facility Telephone #:	(616) 821-1671
Application date	03/13/2017
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/13/2017	Enrollment
03/20/2017	Contact - Document Sent Rule & ACT Books
03/20/2017	Application Incomplete Letter Sent Updated 1326's for Michael Wagner and Nicole Veneklas
03/30/2017	Contact - Document Received 1326/Fingerprint for Michael Wagner and 1326 for Nicole Veneklas
04/04/2017	Application Incomplete Letter Sent Live Scan RI 030 form for Michael Wagner
04/05/2017	Contact - Document Received RI 030 for Michael Wagner
04/05/2017	Lic. Unit file referred for background check review 1326 for Michael Wagner
04/19/2017	File Transferred To Field Office Grand Rapids
05/02/2017	Contact - Telephone call made Michael Wagner
05/03/2017	Application Incomplete Letter Sent
08/09/2017	Inspection Completed On-site
08/09/2017	Inspection Completed-BCAL Full Compliance
08/09/2017	Inspection Completed-Env. Health : A
08/09/2017	Inspection Completed-Fire Safety : A
08/11/2017	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story brick home, located on the North West side in the city of Grand Rapids. It is currently owned and operating under the name of Home Away From Home AFC, a small group home License # AS410301352. The main floor of the facility consists of a living room, dining area, kitchen, full size bathroom and two bedrooms. The second floor of the facility consists of a full size bathroom and two bedrooms of which one is being used as an office, and a sitting area. The finished walk out basement includes a bedroom and kitchen area for use by the Licensee as well as one resident bedroom.

The furnace, hot water heater are in the basement of the home. The heating plant is separated by a door that is constructed of material which has a 1-hour-fire resistance rating, and the door is made of 1 3/4- inch solid core wood. The door is hung in a fully stopped steel frame and is equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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	13'x16'	208 sq. ft.	2
2	13'x14'	182 sq. ft.	2
2nd Floor			
3	18'x12'	216 sq. ft.	1
Basement			
4	13'x14'	182 sq. ft.	1

The indoor living and dining areas measure a total of 741 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The facility is not barrier free, however, the licensee can accommodate limited physical handicaps.

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 facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept residents who are developmentally disabled or mentally impaired, 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. Residents will be referred from network 180.

If required, behavior interventions and crisis interventions will be developed and identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will work with the responsible persons to 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

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Wagner, the licensee, provided documentation that his mother owned and operated this home before him and he has lived and worked in this home for many years. Mr. Wagner submitted documentation to indicate he has met training requirements.

The staffing pattern for this six bed facility is adequate and includes a minimum of one staff members for six residents per shift. Mr. Wagner acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mr. Wagner has indicated that direct care staff will be asleep during sleeping hours unless the resident need changes.

The applicant(s) acknowledged 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 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular,

ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

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

 August 17, 2017

Rebecca Piccard
Licensing Consultant

Date

Approved By:

 August 17, 2017

Jerry Hendrick
Area Manager

Date