



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 7, 2018

James Kaman  
2022 Collingwood Ave  
Wyoming, MI 49519

RE: Application #: AM410382191  
Collingwood AFC  
2022 Collingwood Ave  
Wyoming, MI 49519

Dear James Kaman:

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 11 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) 356-0183.

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) 438-3036

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AM410382191
<b>Licensee Name:</b>	James Kaman
<b>Licensee Address:</b>	2022 Collingwood Ave Wyoming, MI 49519
<b>Licensee Telephone #:</b>	(616) 531-4302
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	James Kaman N/A
<b>Name of Facility:</b>	Collingwood Afc
<b>Facility Address:</b>	2022 Collingwood Ave Wyoming, MI 49519
<b>Facility Telephone #:</b>	(616) 531-4302
<b>Application Date:</b>	04/05/2016
<b>Capacity:</b>	11
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/05/2016	On-Line Enrollment
06/21/2016	Inspection Completed-Fire Safety : A Used from current Active License - AM410272562
08/09/2016	Contact - Document Sent Rule & ACT Books
08/09/2016	File Transferred To Field Office Grand Rapids
08/15/2016	Comment File rcvd in GR
08/23/2016	Application Incomplete Letter Sent
10/04/2016	Contact - Telephone call made James Kaman, Applicant
11/29/2016	Contact - Telephone call made James Kaman, Applicant
02/08/2017	Inspection Completed On-site
02/23/2017	Inspection Completed-Fire Safety : A
03/01/2017	Inspection Completed On-site
03/01/2017	Application Incomplete Letter Sent Letter was not mailed.
12/14/2017	Inspection Completed On-site
02/20/2017	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is a remodeled walkout ranch that has been licensed and used for adult foster care under license AM410272562. The home was originally licensed on 2/27/1993 under AM410008783 and has been in continuous operation since the original license. The home is located in a residential neighborhood, consisting of similar home styles. The home is located in the city of Wyoming and is therefore within walking distance of numerous area businesses and restaurants.

The lower level of the home is accessed from stairs leading to the upper or main floor. There are also two exits on the lower level leading directly to the outside. The lower level includes two large bedrooms, a full bathroom, a recreation room and the laundry room. The upper level of the home has two exits leading directly to the outside. The upper level includes three bedrooms, two of which are used for resident use, a kitchen and dining room, a full bathroom and the living room.

The gas furnace and hot water heater are located on the lower level, the same floor as resident bedrooms, in a room that is constructed of materials that provide a 1-hour-fireresistance 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 backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system. The facility addition located off of the kitchen is equipped with a sprinkler system. The rest of the facility is not equipped with a sprinkler system due to the continuation of the facility being licensed.

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

<b>Room #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Number of Beds</b>
1	30'8" X 11'5"	348	4
2	20'11" X 14'10"	309	4
3	18'10" X 11'4"	212	2
4	14'10" X 11'6"	170	1

The living, dining, and sitting room areas measure a total of 695 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 eleven (11) residents. It is the licensee's responsibility not to exceed the facility's licensed 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 eleven (11) male ambulatory adults whose diagnosis is developmentally disabled aged, 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: Kent County placement agencies.

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 all 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**

Collingwood AFC Home LLC, is a domestic limited liability company, established on 11/5/2015. 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.

A licensing record clearance request was completed with no lein convictions recorded for the licensee and administrator. The licensee and administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

The licensee 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 11-bed facility is adequate and includes a minimum of 1 staff-to-11 residents per shift.

The applicant acknowledges an understanding of the training and qualification 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

#### **D. Rule/Statutory Violations**

The applicant is 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 adult foster care large group home (capacity 11).

*Megan Aukerman, MSW*

03/07/2018

---

Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Mary Holton*

03/07/2018

---

Mary Holton  
Area Manager

Date