



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 10, 2018

Thomas and Gita Roy
9330 Southwind Dr.
Zeeland, MI 49464

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| RE: Application #: | AF700391966 Glory Care 9330 Southwind Dr. Zeeland, MI 49464 |
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Dear Thomas and Gita Roy:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

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| License Application #: | AF700391966 |
| Applicant Name: | Thomas and Gita Roy |
| Applicant Address: | 9330 Southwind Dr. Zeeland, MI 49464 |
| Applicant Telephone #: | (616) 741-9009 |
| Administrator/Licensee Designee: | Thomas and Gita Roy |
| Name of Facility: | Glory Care |
| Facility Address: | 9330 Southwind Dr. Zeeland, MI 49464 |
| Facility Telephone #: | (616) 741-9009 |
| Application Date: | 12/18/2017 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

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| 12/18/2017 | Enrollment |
| 01/04/2018 | Contact - Document Sent Rule & ACT Books |
| 01/04/2018 | Application Incomplete Letter Sent FCL prints & 1326's for Thomas & Gita Roy and 1326 for Juliet Troast |
| 04/24/2018 | Contact - Document Received 1326 for Juliet Troast and Fingerprint/RI 030 for Thomas & Gita Roy |
| 04/24/2018 | Application Incomplete Letter Sent 1326's for Thomas & Gita Roy |
| 05/04/2018 | Contact - Document Received 1326's for Gita & Thomas Roy |
| 05/07/2018 | Application Incomplete Letter Sent SOS address discrepancies for Gita & Thomas Roy |
| 06/04/2018 | Contact - Document Received Notice of change of address with SOS for Thomas & Gita Roy |
| 06/04/2018 | File Transferred To Field Office Grand Rapids |
| 06/13/2018 | Application Incomplete Letter Sent |
| 08/03/2018 | Inspection Completed On-site |
| 08/03/2018 | Inspection Completed-BCAL Sub. Compliance |
| 08/06/2018 | Contact - Document Sent pictures sent to R. Lankford, basement drop ceiling and garage paneling for review. |
| 08/09/2018 | Contact - Telephone call received Applicant called and is confused about the railings needed around the porch. Made an appointment to go out again on 08/16/2018. |
| 08/16/2018 | Contact - Face to Face |

| | |
|------------|---|
| | Explained and showed where railings should be on the front steps and front porch area. Applicant will contact me when the railings and the lower level fire door is complete. |
| 08/28/2018 | Contact - Document Received verification of corrections made, door knob, thermometer and door at bottom of steps. |
| 08/29/2018 | Contact - Document Received verification of railings on the outside porch area. |
| 08/29/2018 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a ranch style, single family home located in a suburban neighborhood consisting of other similar sized homes in the city of Zeeland. The main floor of the home has an open concept and includes two bedrooms, a living room, dining room, kitchen, full bathroom and a half bathroom. The main floor is where the licensees reside. The lower level of the home has three resident bedrooms located down a hallway that also has a full bathroom. The living and dining room as well as a kitchenette are located at the bottom of the stairs and all areas on the lower level are for resident use. This home is not wheelchair accessible and is not equipped to accommodate residents who require the use of wheelchairs. The home has 1 approved means of egress from the lower level.

An onsite inspection completed on 08/03/2018 verified that the home is in compliance with all applicable environmental health administrative rules. This home utilizes city water and city sewer. The gas furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, in the living room, in the (basement) near the furnace.

**Fire extinguishers are installed on each floor of the home.*

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 16.08X15.66 | 252 | 2 |
| 2 | 11.42X12.92 | 148 | 2 |
| 3 | 11.42X12 | 137 | 2 |

The living, dining, and sitting room areas measure a total of 377.12 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Ottawa County-DHHS, Ottawa County Community Mental Health and the surrounding area, or private pay individuals as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site -for-6 residents. The applicant acknowledges that the number of responsible persons on-site -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 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 to document the date and amount of the adult foster care service fee paid each month and all 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or 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 family home (capacity 6).

Elizabeth Elliott

09/10/2018

Elizabeth Elliott
Licensing Consultant

Date

Approved By:

Jerry Hendrick

09/10/2018

Jerry Hendrick
Area Manager

Date