



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 11, 2018

Faith Giplaye
Acare Human Services, Inc.
2291 Embro Dr. SE
Grand Rapids, MI 49508

RE: Application #: AM410394626
Acare Home
2720 44th St. SE
Kentwood, MI 49512

Dear Mrs. Giplaye:

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 12 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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AM410394626

Applicant Name: Acare Human Services, Inc.

Applicant Address: 2291 Embro Dr. SE
Grand Rapids, MI 49508

Applicant Telephone #: (616) 204-4651

Administrator/Licensee Designee: Faith Giplaye, Designee and Administrator

Name of Facility: Acare Home

Facility Address: 2720 44th St. SE
Kentwood, MI 49512

Facility Telephone #: (616) 258-8556

Application Date: 06/11/2018

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL, AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/04/2018 Inspection Completed-Fire Safety : A
Done for AM410316825. Ok to use per Licensing Consultant

06/11/2018 Enrollment

06/21/2018 Contact - Document Sent
Rule & ACT Books

06/21/2018 File Transferred to Field Office
Grand Rapids

06/21/2018 Contact - Document Received
I received faxed documents which included: Budget, Acare Home Care Admission Check list for Admission Policy, House Rules, Discharge Policy, and Refund Policy.

06/28/2018 Contact - Document Received
Received a faxed document of the first page of their application which indicated that Faith Giplaye was the Licensee Designee, and the Administrator, Exam Report/Physical for Faith Gaye Gilplaye, and floor plans.

07/02/2018 Application Incomplete Letter Sent

07/05/2018 Contact - Face to Face
I met with Mr. Hans Giplaye-President/CEO of Acare Human Services Inc. He provided the Program Statement, Admission Policy, House Rules, Discharge Policy, Refund Policy, Exam Report for Faith Gaye Giplaye, Floor Plans, Ten (10) Certificate of Completion of trainings for Faith Giplaye, Faith Giplaye's Suitability Statement with her experiences, Proposed Staffing Pattern, Orig chart, Budget, Entity Name, ACARE HUMAN SERVICES, INC, ID #787658 , ACARE HUMAN SERVICES, INC.,was reinstated on 10/29/2009, ARTICLES OF INCORPORATION - NONPROFIT

07/06/2018 Inspection Completed On-site
I was at the facility on 07/06/2018 and I met with Mr. and Mrs. Giplaye and we reviewed the requirements for AFC licensure. I inspected the facility and measured the rooms.

07/06/2018 Contact - Document Received
Received a copy of Faith Gayle Board of Nursing Practical Nurse License, Board of Directors of Acare Human Services Inc. authorization, list of Board Members and their addresses, Policy of Infectious Waste Management Plan, Job descriptions of Residential Instructor, Menu Plan, Emergency Sheet, Form for

Fire Evacuation Drill Record, Property Lease for 2720 44th. SE. Kentwood, Michigan 49512 between Liem Hoang and Natalia Hoang. I received written permission to inspect the premises signed by Annaliza A. Tennant the Licensee Designee for 44th. Street Home Care, LLC.

- 07/06/2018 SC-Application Received - Original
- 07/06/2018 Reviewed the Inspection Report, Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Fire Marshal Division. Inspection by Brain Sherman, Inspecting Official on 01/04/2018. "A fire safety inspection was completed this date. Deficiencies noted in our last inspection have been satisfactorily corrected." Fire Safety Certification: Approved.
- 07/09/2018 Face-to-Face with Hans Giplaye.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style, stick framed structure with a walk out on the lower level of the facility. The facility is located in a suburban residential area within the Kentwood City limits. The upper level of the facility includes six resident bedrooms, one full bathroom and one-half bathroom. There is an entry way and full-sized living room. There is a kitchen and dining area. There is small sized office off the kitchen. There is a small porch with a seating area outside of the facility which is off the hall way to the kitchen. Off the kitchen is an enclosed staircase with a door at the top and door at the bottom. The lower level has a living room, a laundry room and enclosed furnace room, a full bathroom, two resident bedrooms, a staff bedroom which has living room. There are two direct exits to the outside. The home is not wheelchair accessible. The upper floor has two means of egress. and has 2 approved means of egress. The home utilizes public water and sewage system.

The gas, furnace and hot water heater are located in the lower level of the home in a room that is constructed of materials that provide a 1- hour-fire-resistance rating with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system. The facility does not have a sprinkled fire protection system as it has been continuously licensed.

This facility has been licensed as an Adult Foster Care facility for many years

The applicant has applied for Special Certification for Developmental Disabilities and/or Mentally Ill.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.25 x 10.42	127.6 square feet	1
2	11 x 11.92	131.1 square feet	2
3	9.66 x 15	144 square feet	2
4	10.42 x 10.5	109.4 square feet	1
5	10.66 x 10.42	111 square feet	1
6	11.66 x 10.83	126.2 square feet	1
7	17 x 8.75	148.7 square feet	2
8	11.25 x 15	168.7 square feet	2

The two living rooms and the dining room areas measure a total of 487square 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 twelve 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 twelve (12) female ambulatory adults whose diagnosis is developmentally disabled and/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. The applicant intends to accept residents from Kent County-DHHS, and network 180 (former Kent County CMH), as a referral source. They will also consider private pay individuals.

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 but will help the residents to use the city bus transportation or other transportation such as Uber. 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

The applicant is Acare Human Services Inc., which is a “Non-Profit Corporation” and was established in Michigan, on 09/16/2004. 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.

The Board of Directors of Acare Human Services, Inc. have submitted documentation appointing Faith Giplaye as Licensee Designee and as the Administrator of the facility.

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

The licensee designee/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 12-bed facility is adequate and includes a minimum of 1 staff –to- 12residents 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) 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 residents' 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.

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

D. 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 six-month temporary license to this adult foster care small group home capacity 12.

Arlene B. Smith

07/11/2018

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

07/11/2018

Jerry Hendrick
Area Manager

Date