



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 11, 2019

Theresa and Randell Huston
2479 Hadden
Muskegon, MI 49441

RE: Application #:	AF610395832 Glenside Manor AFC 2479 Hadden Muskegon, MI 49441
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Dear Theresa and Randell Huston:

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,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

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

License #:	AF610395832
Licensee Name:	Theresa Huston and Randell Huston
Licensee Address:	2479 Hadden Muskegon, MI 49441
Licensee Telephone #:	(231) 457-3219 (231) 457-3348
Name of Facility:	Glenside Manor AFC
Facility Address:	2479 Hadden Muskegon, MI 49441
Facility Telephone #:	(231) 759-0453
Application Date:	08/16/2018
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

08/16/2018	On-Line Enrollment
08/22/2018	Contact - Document Sent Rule & ACT Books
09/28/2018	Contact - Document Received 1326/RI 030/Fingerprint for Randell Huston, 1326/RI 030 for Theresa Huston, AFC 100 forms for Ryan & Erik Huston
10/01/2018	PSOR on Address Completed
10/01/2018	Application Incomplete Letter Sent FCL prints & SOS discrepancy for Theresa
10/10/2018	Contact - Document Received FCL prints & SOS address change of address verification for Theresa Huston
10/10/2018	File Transferred to Field Office Grand Rapids
10/26/2018	Application Incomplete Letter Sent
01/23/2019	Application Complete/On-site Needed
01/23/2019	Inspection Completed On-site
01/23/2019	Inspection Completed-BCAL Sub. Compliance
02/05/2019	Confirming Letter Sent
02/11/2019	Inspection Completed-BCAL Full Compliance
02/11/2019	Application Complete
02/11/2019	Recommend License Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is an older built, cape cod style home in a quiet, tree lined neighborhood close to a large park in the City of Muskegon. The home has a basement, main and upper level. There is a front door entrance and a side door entrance to the home, the side door is the main entrance used. As you walk into the home, you enter a dining room that has a hallway leading straight and there is 1 nonresident bedroom utilized by

the applicants. As you exit the dining area of the home, you enter the kitchen and to the left off the kitchen is the living room and off the living room is 1 resident room. Located to the right off the kitchen is a hallway where you will find 1 full bathroom for resident use and another resident bedroom near the front entrance. In all, on the main floor, there are 2 resident rooms with 1 full bathroom for resident use. On the upper level of the home, there are 4 resident rooms and 1 full bathroom for resident use. This home is not wheelchair accessible and is not able to accommodate residents that require the use of a wheelchair. This home utilizes public water and sewer.

The basement level of the home has a natural gas hot water heater and furnace. The furnace and hot water heater are located in the basement that has a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The basement will not be used for any resident activities or functions. The facility is equipped with battery powered, single station smoke detectors that have also been installed near sleeping areas, in the living room, in the (basement) near the furnace. At the time of licensure, the smoke detectors are fully operational and the applicants report the batteries are tested and changed on a monthly basis. **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	9.25X12.33	114	1
2	9X13.25	119	1
3	13.50X8.50	114	1
4	10.25X8.17	84	1
5	13.42X12	161	1
6	12.17X10	121	1

The living, dining, and sitting room areas measure a total of 333.57 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 Muskegon County-DHS (or neighboring county DHS), Muskegon County CMH (or neighboring county CMH), 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 applicant (s). 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 applicant(s) 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 (6) 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 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 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 is 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 family home (capacity 6).



02/11/2019

Elizabeth Elliott Date
Licensing Consultant

Approved By:



02/11/2019

Jerry Hendrick Date
Area Manager