



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 26, 2016

Sandy and Lany Gregory
13156 Indigo Ct.
Holland, MI 49424

RE: Application #: AF700382447
GRACE AFC HOME
13156 Indigo Ct.
Holland, MI 49424

Dear Sandy and Lany Gregory:

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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF700382447

Licensee Name: Sandy and Lany Gregory

Licensee Address: 13156 Indigo Ct.
Holland, MI 49424

Licensee Telephone #: (718) 666-8564

Administrator/Licensee Designee: N/A

Name of Facility: GRACE AFC HOME

Facility Address: 13156 Indigo Ct.
Holland, MI 49424

Facility Telephone #: (718) 666-8564

Application Date: 04/20/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

04/20/2016	On-Line Enrollment
05/04/2016	Contact - Document Sent Rule & ACT Books
05/09/2016	Contact - Document Received 1326/Fingerprint/Live Scan Request form for Sandy & Lany Gregory
05/10/2016	Contact - Document Received 1326 for Juliet Troast (Responsible Person)
05/11/2016	PSOR on Address Completed
05/11/2016	File Transferred To Field Office Grand Rapids
05/31/2016	Contact - Document Sent Licensing Consultant sent co-licensees incomplete application letter.
05/31/2016	Application Incomplete Letter Sent
06/12/2016	Application Complete/On-site Needed
06/13/2016	Inspection Completed On-site
06/13/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Grace AFC Home, which is located at 13156 Indigo Court, Holland, Michigan (Ottawa County) is a brick ranch-style dwelling with a three-car attached garage. There is a large wood deck attached to the back of the house, with stairs leading to the ground, as the main floor is about a story-and-a-half above the ground. This house is owned by Sandy and Lany Gregory, who are the applicants for this Adult Foster Care Family Home license.

The washer and dryer are located in a room in the basement that is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace and water heater are located in a room within the laundry room, so the fire safety door for the laundry room also creates floor separation for the furnace and water heater room. 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, which was tested upon the final inspection on 06/13/2016 and worked properly. There is one operable A-B-C fire extinguisher on each floor, and both are attached to the wall and are easily accessible. An evacuation route is placed on the wall in a conspicuous place in the resident bedrooms area, and emergency telephone numbers are posted next to the home's telephone.

The main floor is where Mr. and Mrs. Gregory and their minor daughter live. Their bedrooms, bathroom, and living area are on this floor. The kitchen and dining area are also located on the main floor.

There are three bedrooms, a full bath, dining area, and a communal living room in the basement, where the residents will reside. Approximately 60% of the height of the entire basement is above ground level.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' X 12'	132	2
2	11'2" X 13'	145	2
3	12' X 14'	168	2

Total Capacity: 6

The living and dining room areas measure a total of 216 square feet of living space. This meets the minimum requirement of 35 square feet per resident.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The landscaping, driveway, and walkway are all in good condition and are well-maintained.

The home is not wheelchair accessible.

B. Program Description

Admission and discharge policies, program statement, refund policy, for the facility were reviewed and accepted as written. The applicants intend to provide 24-hour supervision, protection and personal care to **six (6)** male and/or female adults aged 30-75 years old, who may be diagnosed with a Physical Impairment, Developmental Disability, Mental Illness, Traumatic Brain Injury and/or Dementia, including Alzheimer's, in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Grace AFC Home will provide transportation to residents, and the costs for transporting residents will be stated in the Resident Care Agreements. The vehicle used for transporting resident is in good condition, and a first aid kit will be kept in the vehicle at all times.

C. Applicants and Administrator Qualifications

Sandy and Lany Gregory are the co-licensees this home. Medical and Record Clearance requests for Mr. and Mrs. Gregory were completed with no restrictions noted on either. Both of their TB-tine results were negative.

The Gregorys have provided documentation to satisfy the qualifications and requirements identified in the licensing rules publication.

The staffing pattern for the original license of this six-bed family home is 1-staff-to-6 residents.

The applicants acknowledge 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 applicants acknowledge 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), Identogo, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicants acknowledge 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 Sandy or Lany Gregory, can administer medication to residents. In addition, the applicants has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicants acknowledge 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 applicants acknowledge their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

The applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care family home (capacity 6).



June 13, 2016

Licensing Consultant

Date

Approved By:



June 13, 2016

Area Manager

Date