



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 22, 2020

Adam Hodges and Lydia Hodges
15187 160th Avenue
Grand Haven, MI 49417

RE: Application #: AF700402518
Lydia's House
11667 152nd Ave.
Grand Haven, MI 49417

Dear Adam Hodges and Lydia Hodges:

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) 356-0183.

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 #:	AF700402518
Applicant Name:	Adam Hodges and Lydia Hodges
Applicant Address:	15187 160th Avenue Grand Haven, MI 49417
Applicant Telephone #:	(616) 844-3059
Administrator/Licensee Designee:	N/A
Name of Facility:	Lydia's House
Facility Address:	11667 152nd Ave. Grand Haven, MI 49417
Facility Telephone #:	(616) 844-3059
Application Date:	11/20/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

11/20/2019	Enrollment
11/25/2019	Application Incomplete Letter Sent App sent back for completion, AFC 100 for Resp Person & 1326/Fingerprint/RI 030 for applicants
12/10/2019	Contact - Document Received Completed application & 1326/RI 030/Fingerprints for Adam Hodges & Lydia Hodges
12/10/2019	Application Incomplete Letter Sent AFC 100 for Responsible Person
12/23/2019	PSOR on Address Completed
01/15/2020	Contact - Document Received AFC 100 for Responsible Person Jessica Conran
01/15/2020	Contact - Document Sent ACT Book
01/15/2020	File Transferred to Field Office Grand Rapids
01/21/2020	Application Incomplete Letter Sent
02/12/2020	Inspection Report Requested - Health
02/14/2020	Inspection Completed On-site Few more items need to be taken care of before license can be issued
02/20/2020	Application Complete/On-site Needed
02/24/2020	Inspection Completed-BCAL Full Compliance All issues resolved.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lydia's House is located at 11667 152nd Avenue, Grand Haven, Michigan (Ottawa County, 494174). The home is owned by Lydia and Adams Hodges, and proof of ownership was submitted to the Licensing Consultant and is kept in the file for this home. Mr. and Mrs. Hodge owned and operated an Adult Foster Care Family Home (Lydia's AFC, AF700068758) from October 24, 1995 until the opening of this new home (AF700402518).

The home has a main floor and a partially finished basement that also has a large crawl space off connected to it. There are eight bedrooms, two full and one-half bathrooms, living room, dining room, laundry/medication room, and kitchen on the main floor. Four of the bedrooms are for resident use; the rest are for the licensee's family. The home has a two-car attached garage and is wheelchair accessible. This home utilizes private water and sewage services.

The hot water heater and furnace 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 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 02/24/2020 and worked properly. There at least one operable A-B-C fire extinguisher on each level of the home and both are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16' X 12'	192	2
2	16' X 12'	192	1
3	16' X 12'	192	1
4	16' X 12'	192	1

Total Capacity: 5

The living and dining room areas measure a total of 705 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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, wheelchair ramp, and walkway are all in good condition.

The Ottawa County Health Department performed an Environmental Health Inspection on 04/13/2020 and the sanitarian gave the home and property an A rating.

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 **five** male and/or female adults aged 18 years and older, who may be diagnosed with a developmental disability. 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.

Lydia's House will provide transportation to residents without charge. A first aid kit will be kept in the vehicle used to transport residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Applicant and Administrator Qualifications

Lydia and Adams Hodges, the co-licensees of this home, have submitted Medical and Record Clearances and no restrictions were noted on either. Both of their TB-tine results were negative.

The Hodges have submitted in writing that Jessica Conran will be their Responsible Person. Ms. Conran will operate this home in the Hodges absence for up to 72-hours.

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), Identogo, 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 Mrs. Thornton, can administer medication to residents. In addition, the applicant 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 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 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 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 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 adult foster care family group home (capacity 5).



April 22, 2020

Licensing Consultant

Date

Approved By:



April 22, 2020

Jerry Hendrick
Area Manager

Date