



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 8, 2020

Jacquelyn Williams
7481 Eastern Ave
Grand Rapids, MI 49508

RE: Application #: AM410402715
Angels of Care #3
413 East Muskegon St.
Cedar Springs, MI 49319

Dear Ms. Williams:

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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410402715
Applicant Name:	Jacquelyn Williams
Applicant Address:	7481 Eastern Ave Grand Rapids, MI 49508
Applicant Telephone #:	(616) 885-6466
Administrator/Licensee Designee:	Jacquelyn Williams
Name of Facility:	Angels of Care #3
Facility Address:	413 East Muskegon St. Cedar Springs, MI 49319
Facility Telephone #:	(616) 885-6466
Application Date:	12/09/2019
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED AGED ALZHEIMERS

II. METHODOLOGY

12/09/2019	Enrollment
12/11/2019	Inspection Report Requested - Fire
12/11/2019	Lic. Unit file referred for background check review Red Screens - CF410251515 & CF410279204
12/11/2019	Contact - Document Sent Fire Safety String and ACT Book
12/12/2019	File Transferred to Field Office Grand Rapids
12/30/2019	Application Incomplete Letter Sent
11/01/2020	Application Complete/On-site Needed
11/05/2020	Inspection Completed-Fire Safety : A
11/13/2020	Inspection Completed-Environmental Health : A
11/13/2020	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Angels of Care #3, which is located at 413 East Muskegon ST, Cedar Springs 49319, Kent County, Michigan, is owned by Jacquelyn Williams. The facility is a ranch home that sits in an urban neighborhood. It has a two stall un-attached garage. The home has vinyl siding. The home has adequate parking for approximately four vehicles. The home has thirteen bedrooms, three full bathrooms, and one-half bathroom. The main floor contains five resident bedrooms, two full bathrooms, staff office, kitchen, dining area, and living room. The lower level of the facility contains eight resident bedrooms, one full bathroom, one half bathroom, laundry room, and furnace room.

The hot water heater and furnace are located in the finished lower level. The lower level and main floor are separated 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 backup, which was installed by a licensed electrician and is fully operational. The system was tested upon the final inspection on 11/05/2020 and worked properly. There are at least one operable A-B-C fire extinguisher attached to the wall and 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	5'5 X 13 7'7 X 8'11	138.07	2
2	2'1 X 3'9 7'7"X 9'9	80.92	1
3	2'1 X 3'9 7'7 X 9'9	80.92	1
4	10'10 X 12'7	136.24	2
5	9'1 X 11'5	103.69	1
6	7'5 X 18'8	138.45	2
7	6'10 X 8'11 3'6 X 6'10	83.90	1
8	8'8 X 11'4 6'8 X 7'1	111.85	1
9	7'1 X 11'1 2'2 X 3'5	85.86	1
10	7'7 X 11'6	87.17	1
11	7'8 X 8'3 3'11 X 5'6	84.75	1
12	9'1 X 11' 5	103.69	1
13	7'1 X 11'1 2'2 X 3'5	85.86	1

Total Capacity: 12

The living and dining room areas measure a total of 449.13 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 and property are maintained in appropriate condition.

The facility contains two wheelchair accessible ramps.

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** male and/or female adults aged 18 years and older, that are part of the mentally ill, developmental disabled, aged, traumatically brain injured, Alzheimer's and/or physically disabled population, 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. 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.

Angels of Care #3 will not provide transportation to residents unless specified in residents' assessment plans. Emergency transportation needs will be fulfilled through ambulance services.

C. Rule/Statutory Violations

Jacquelyn Williams is the Licensee for this home. Medical and Record Clearance requests for Jacquelyn Williams were completed with no restrictions noted on either. Her TB-test results were negative.

Jacquelyn Williams has 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 twelve-bed facility is 1-staff-to-6 residents at all times.

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 Jacquelyn Williams, 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 AFC adult medium group home (capacity 12).



12/08/2020

Toya Zylstra
Licensing Consultant

Date

Approved By:



12/08/2020

Jerry Hendrick
Area Manager

Date