



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 14, 2021

Alica and Jamie Wrzesinski
56345 CR 384
Grand Junction, MI 49056

RE: Application #: AS800409323
Wrzesinski Specialized Afc
05838 56th St.
Grand Junction, MI 49056

Dear Mr. and Mrs. Wrzesinski:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800409323
Licensee Name:	Alica Wrzesinski Jamie Wrzesinski
Licensee Address:	56345 CR 384 Grand Junction, MI 49056
Licensee Telephone #:	(269) 434-6959
Administrator	Alica Wrzesinski
Licensee Designee:	N/A
Name of Facility:	Wrzesinski Specialized Afc
Facility Address:	05838 56th St. Grand Junction, MI 49056
Facility Telephone #:	(269) 767-0393
Application Date:	07/01/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUTICALLY BRAIN INJURED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/01/2021	On-Line Enrollment
07/01/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for Alica & Jamie, AFC100 for Alica
07/02/2021	Contact - Document Sent 1326, RI030 & AFC100
07/06/2021	Inspection Report Requested - Health Invoice No : 1031734
07/14/2021	Contact - Document Received Application, 1326, AFC100 & MC for Alica & Jamie
07/21/2021	Comment FP needed. applicant stated they scheduled them for r 07/26/21
08/05/2021	Contact - Document Received Assigned facility by area manager.
08/06/2021	Application Incomplete Letter Sent Sent to LD via email.
08/09/2021	Contact - Document Received Received documents from app incomplete ltr from the licensee.
08/10/2021	Contact - Document Sent Sent email to licensee requesting additional documentation.
08/11/2021	Inspection Completed-Env. Health : A
08/13/2021	Contact - Document Received Received designated responsible person info. Emergency information, emergency repair info, and heating and electrical inspections
08/13/2021	Application Complete/On-site Needed
08/24/2021	Inspection Completed On-site
08/24/2021	Inspection Completed-BCAL Sub. Compliance
08/25/2021	Contact - Document Received Received documentation on fire door, heat detector installed in kitchen, and special cert app.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a modular type of home located on approximately 20 acres in the country approximately 15 minutes from Lake Michigan. On the facility's property there are several large outbuildings and a detached garage. Due to the location of the facility, it utilizes private water and septic system. This system was inspected by the Van Buren County Environmental Health Department on 08/11/2021 and determined to be in substantial compliance with all applicable rules.

The facility consists of one main level with only a crawlspace rather than a basement. The facility is not wheelchair accessible; however, it does have one wheelchair ramp on the left side of the facility that connects to a small, covered deck to the main level of the facility. The door from this deck enters into the facility's laundry and furnace room. This small foyer/entryway houses the facility's washer/dryer, the propane furnace and hot water heater. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the end of this foyer/entryway. In addition, the furnace is enclosed in a small room within this foyer/entryway and is constructed of materials that provide a 1-hour-fire-resistance rating. There is also a fire rated louver within the steel fire door to allow the furnace air flow; however, this louver will automatically close in the event of a fire. Documentation of the fire door with the louver was submitted by the applicants and will remain on file.

Opening the fire door leads into the facility's dining room. Directly off the dining room and the back of the facility is a sliding door, which opens to a 19' x 9'11" covered deck. This deck area, as well as, a small portion of the facility's yard, is enclosed by fence, but the gate to the fenced in area non locking against egress. The facility's dining room is connected to the kitchen, which contains a large island and additional seating. There is one resident bedroom located off the dining room area. This bedroom has an en-suite bathroom. Within the en-suite bathroom is the bedroom's walk in closet, two sinks, and a soaking tub. A separate water closet is located with the bathroom and contains a toilet and stand-up shower.

The kitchen opens to the facility's living room. The living room has a faux fireplace that does not expel heat but does have the ability to light up for ambiance. Directly off the living room is a resident bedroom, as well as the facility's 2nd main entrance. Off the living room and down a hallway are the remaining three resident bedrooms and another facility bathroom. This facility bathroom contains a sink, toilet, and tub/shower combination.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Documentation was

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

Bedroom #	Bedroom Dimensions	Total Square Footage	Total Resident Beds
1	14'5" x 15'8"	225 sq ft	1 or 2
2	14'5" x 11'8"	168 sq ft	1 or 2
3	7'9" x 11'	85 sq ft	1
4	14'5" x 11'7"	166 sq ft	1 or 2
5	10'9" x 12'1"	129 sq ft	1

The living, dining, and sitting room areas measure a total of 453 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

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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, traumatically brain injured or physically handicapped, in the least restrictive environment possible. The applicants will also have a special certification for the developmentally disabled and mentally impaired and will work with contracted Community Mental Health agencies.

The applicant's 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 contracted community mental health agencies, local Department of Health and Human Services agencies, if applicable, and/or private pay individuals as referral sources.

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 all transportation for program and medical needs. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

A criminal history check was conducted and determined that applicants are of good moral character and eligible for employment in a licensed adult foster care facility. Alica and Jamie Wrzesinski both submitted statements from their physicians documenting their good health and current TB-tine negative results. The licensees and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Both applicants have over 21 years of experience with working in and operating adult foster care facilities and working with Community Mental Health Agencies. They've also had experience working with residents who have a mental illness, who are developmentally delayed, physically handicapped and/or have a traumatic brain injury.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff - to - 6 residents 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged 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 acknowledged 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 acknowledged 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 six-month temporary license to this adult foster care small group home capacity of six residents.



08/27/2021

Cathy Cushman
Licensing Consultant

Date

Approved By:



09/14/2021

Dawn N. Timm
Area Manager

Date