



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 24, 2025

Linda Kramer Vargas
707 Clinton Ave.
Grand Haven, MI 49417

RE: Application #: AS700418868
Spring Lake AFC
17340 Oak Street
Spring Lake, MI 49456

Dear Ms. Kramer Vargas:

Attached is the Original Licensing Study Report for the above referenced home. 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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|---|
| License #: | AS700418868 |
| Applicant Name: | Linda Kramer Vargas |
| Applicant Address: | 707 Clinton Ave. Grand Haven, MI 49417 |
| Applicant Telephone #: | (616) 218-0921 |
| Licensee Designee: | Linda Kramer Vargas |
| Name of Facility: | Spring Lake AFC |
| Facility Address: | 17340 Oak Street Spring Lake, MI 49456 |
| Facility Telephone #: | (616) 218-0921 |
| Application Date: | 10/02/2024 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS |

II. METHODOLOGY

| | |
|------------|--|
| 10/02/2024 | Enrollment |
| 10/02/2024 | Application Incomplete Letter Sent Requested 1326/RI030 |
| 10/02/2024 | PSOR on Address Completed |
| 10/02/2024 | Contact - Document Sent Forms sent |
| 10/07/2024 | Contact - Document Received |
| 10/07/2024 | Contact - Document Sent Missing 1326 |
| 10/08/2024 | Contact - Document Received 1326 |
| 10/10/2024 | File Transferred to Field Office |
| 10/11/2024 | Application Incomplete Letter Sent |
| 11/27/2024 | Application Incomplete Letter Sent Items received, corrections and additional items needed. |
| 01/07/2025 | Application Incomplete Letter Sent Items received, corrections and additional items needed. |
| 01/08/2025 | Contact- Documentation Received App Incomplete items received. |
| 01/17/2025 | Inspection Completed On-site Sub-compliance Physical plant corrections needed |
| 01/21/2025 | Contact- Documentation Received Photos of physical plant corrections received. |
| 01/22/2025 | Contact- Documentation Received Photos of physical plant corrections received. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Spring Lake AFC home is a single-story cottage style home located in a residential neighborhood within the village of Spring Lake near the Spring Lake lakeshore. The

home has two private resident bedrooms, two semi-private resident bedrooms, and one staff bedroom. There is one full bathroom in the home. Upon entering the home through an entry hallway, there is a living area. Through the living area is a large dining room. Resident and staff room entrances are located on each side of the dining area. At the back of the home there is the bathroom, laundry room, kitchen, and an office. The home is not wheelchair accessible and will not admit residents who require the use of a wheelchair.

An on-site inspection verified the home complies with all applicable environmental health administrative licensing rules. The home utilizes the public water and sewer system.

An on-site inspection verified the home complies with rules pertaining to fire safety. The home is equipped with an interconnected, multi-station smoke detection system with battery backup, which includes smoke detectors that are installed near sleeping areas, on each floor of the home, and in the basement near heat producing equipment. Fire extinguishers were located on each floor of the home.

The home's gas-fired furnace and hot water heater are in the basement, which is a "Michigan Basement" that will not be accessed by residents. A 1 ¾- inch solid core door, equipped with an automatic self-closing device and positive latching hardware, was installed at the top of the stairs leading to the home's basement, creating floor separation. On file is written verification from a qualified inspection service verifying the home's furnace and hot water heater were properly installed and in good working condition.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 9'10" X 16' | 157 | 2 |
| 2 | Staff Use Only | | |
| 3 | 12'3" X 10'5" | 128 | 1 |
| 4 | 9'10" x 13'5" | 132 | 2 |
| 5 | 9'10" X 12'11" | 127 | 1 |

The dining room alone measures a total of 322 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this home can accommodate 6 residents. It is the licensee's responsibility not to exceed the home's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the home were reviewed and accepted as written. The

applicant intends to provide 24-hour supervision, protection and personal care to **6** female ambulatory adults who are aged or who are diagnosed with a mental illness, a developmental disability, a physical handicap, those diagnosed with traumatic brain injuries, and those diagnosed with Alzheimer's disease in the least restrictive environment possible.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. It is the intent of the applicant to utilize local community resources for recreational activities including grocery stores, restaurants, movie theaters, public community events, churches, etc. The home will make provisions for a variety of leisure and recreational equipment and provide transportation as specified in the resident's Resident Care Agreement.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the residents' assessment plan and individual plans of service. These programs shall be implemented only by trained staff, and only with the prior approval of the residents, their guardians, and their responsible agencies.

C. Rule/Statutory Violations

The applicant is Linda Kramer Vargas. Ms. Kramer Vargas submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. She has appointed herself Licensee Designee and Administrator of the home as well.

A criminal history background check was conducted for Ms. Kramer Vargas. She has been determined to be of good moral character. She has submitted a statement from a physician documenting her good health and current negative TB-tine results.

Ms. Kramer Vargas has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has been successfully operating an adult foster care family home care for residents who are aged, physically handicapped, developmentally disabled, and/or mentally ill since 2021.

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 during awake hours and **1** staff -to-**6** residents during sleeping hours. Staff will be asleep during sleeping hours but accessible in the bedroom located near resident bedrooms.

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 facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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), and the related documents required to be maintained in each employees 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 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 acknowledges 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident’s file.

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 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 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 group home, capacity of six (6) residents

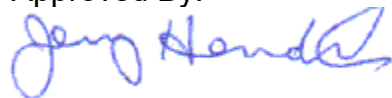


01/24/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:



01/24/2025

Jerry Hendrick
Area Manager

Date