JOHN ENGLER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES LANSING

NOELLE A. CLARK DIRECTOR

October 16, 2002

Donald Bailey Deborah Goderre 1620 20th Allegan, MI 49010

> RE: Application #: AF030249722 Norma Jeans AFC 1620 20th Allegan, MI 49010

Dear Mr. Bailey and Ms. Goderre:

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 six month temporary license with a maximum capacity of 6 is issued effective 10-16-02.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Betsy Montgomery, Area Manager, at (517) 780-7656.

Sincerely,

Donna Konopka, Licensing Consultant Bureau of Family Services 2nd Floor 890 North 10th Street Kalamazoo, MI 49009-9178 (269) 544-1272

enclosure

#### MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES BUREAU OF FAMILY SERVICES LICENSING STUDY REPORT

### I. IDENTIFYING INFORMATION

| License #:                       | AF030249722  |
|----------------------------------|--|
| Applicant Name:                  | Donald Bailey and Deborah Goderre,                                   |
| Applicant Address:               | 1620 20th<br>Allegan, MI 49010                                       |
| Applicant Telephone #:           | (269) 672-9722   |
| Administrator/Licensee Designee: | N/A  |
| Name of Facility:                | Norma Jeans AFC  |
| Facility Address:                | 1620 20th<br>Allegan, MI 49010                                       |
| Facility Telephone #:            | (269) 672-9722   |
| Application Date:                | 06/27/2002   |
| Capacity:                        | 6  |
| Program Type:                    | Mentally ill, developmentally disabled, aged, physically handicapped |

# II. METHODOLOGY

| 05/15/2002 | Inquiry  |
|------------|--|
| 06/27/2002 | Enrollment   |
| 06/27/2002 | Contact - Document Sent<br>Reference letters sent out for Mr. Bailey.      |
| 07/24/2002 | Inspection Completed On-site   |
| 07/24/2002 | Inspection Completed-Fire Safety : A                                       |
| 07/30/2002 | Inspection Report Requested - Health                                       |
| 08/08/2002 | Inspection Completed-Env. Health : A                                       |
| 08/08/2002 | Inspection Completed On-site<br>Follow-up to initial inspection completed  |
| 08/08/2002 | Inspection Completed-BRS Full Compliance                                   |
| 10/09/2002 | Contact - Document Received<br>Reference letter received for co-applicant. |
| 10/10/2002 | Contact - Document Received<br>TB test results received for co-applicant.  |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a single story wood frame structure. Residents will occupy the first floor and the licensees and family members will reside in the basement. There are 3 resident bedrooms, a single room, a double room and a triple room. A floor plan and measurements are on file. The home has adequate living space for 6 residents. The home is currently licensed as an adult foster care family home.

The home has a gas-fired residential boiler and a gas-fired water heater located in the basement. A boiler inspection was completed on 3-13-01. The Office of Fire Safety inspected and approved the gas log fireplace in the family room for use when the home was originally inspected for licensing on 8-31-00. The licensing consultant conducted a fire safety inspection on 7-24-02 and determined the home was in substantial compliance with applicable fire safety rules.

The home has private water and septic. The inspection report from the Allegan County Health Department gave the home an "A" rating on 7-23-02 indicating substantial compliance with applicable environmental safety rules.

### **B.** Program Description

Norma Jean's AFC provides care to individuals over the age of 18 years and prefers to care for persons with mental illness, developmental disabilities, the aged and the physically handicapped. The home is accessible to wheelchairs. Smokers are accepted for placement but must agree to smoke in designated areas. Private pay and SSI recipients are accepted for placement. The providers will provide transportation to local activities.

Donald Bailey and Deborah Goderre are the primary care providers. Kathleen King is the designated responsible person. A minimum of 1 staff will be in the home at all times residents are there. Mr. Bailey and Ms. Goderre will use personal interviews to determine the Good Moral Character of any responsible persons working in the home.

Medical clearances and TB test results are on file for Mr. Bailey, Ms. Goderre and Ms. King.

The Licensing Record Clearances for Mr. Bailey and Ms. Goderre indicated they have no criminal history background. Three positive references have been received for Mr. Bailey and Ms. Goderre.

Ms. Goderre is purchasing the home and the mortgage is held by Waterfield Mortgage Co. Financial information provided indicates substantial compliance with applicable rules related to financial stability.

Mr. Bailey and Ms. Goderre have all the required resident record forms to permit compliance with the rules as Ms. Goderre is currently operating an adult foster care family home at this address. Ms. Goderre and Amy Patterson currently are licensees at this address, but they have submitted a statement requesting their license be closed effective the date Mr. Bailey and Mr. Goderre are licensed.

## IV. CONCLUSIONS

Findings of the on-site inspection indicate the home is in compliance with the Licensing Rules for Adult Foster Care Family Home Rules and Act 218 of the Public Acts of 1979, as amended.

# V. RECOMMENDATION

I recommend issuance of a six month temporary license to this AFC family home (capacity 1-6).

Donna Konopka Licensing Consultant Date

Approved By:

Betsy Montgomery Area Manager Date