



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

June 6, 2006

Mark James
2538 Jameswood Ct.
Holland, MI 49424

RE: Application #: AM410267205
Windy Acres
7728 Lessiter
Belding, MI 48809

Dear Mr. James:

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 11 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100 or the Traverse City office at (231) 922-5309.

Sincerely,

Arlene B. Smith

Arlene Smith, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0116

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM410267205
Applicant Name:	Mark James
Applicant Address:	2538 Jameswood Ct. Holland, MI 49424
Applicant Telephone #:	(616) 738-7984
Administrator/Licensee Designee:	Mark James
Name of Facility:	Windy Acres
Facility Address:	7728 Lessiter Belding, MI 48809
Facility Telephone #:	(616) 738-7984
Application Date:	05/17/2004
Capacity:	11
Program Type:	AGED MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/05/2004 Contact - Telephone call made to Mark James, message left.

05/17/2004 Enrollment

05/17/2004 Contact - Telephone call made
Discussed with Mark James what has to be done.

05/24/2004 Inspection Report Requested - Health

05/24/2004 Inspection Report Requested - Fire

08/10/2004 Contact - Telephone call received from Anna Harris Licensee

11/18/2004 Contact - Telephone call made to Mark James message left.

03/03/2005 Contact - Telephone call made to Mark James to discuss the required drawings for the Plan Review Board.

04/07/2005 Contact - Telephone call received from Mark James stating that Riverside Fire has not been able to find the original drawings and that they need to speak to Plan Review before they come to redo the drawings

04/11/2005 Contact - Telephone call received from the Applicant Mark James indicating he had to resubmit the signed sealed plans.

10/27/2005 Contact - Document Sent
A letter was sent to the applicant stating that the OCAL has not heard from him since the last telephone call dated 04/11/2005. The letter requested the applicant to contact the OCAL office within 10 days of the letter dated 10/27/2005 or the application would be considered withdrawn.

11/02/2005 Contact - Telephone call received
Mr. James stated that he hired an architect the plans would be sent into the plan review board in the next couple of days

12/01/2005 Contact - Telephone call received from Mark James requesting the 1712 form

12/01/2005 Contact - Telephone call received
Mr. James stated that the fire suppression and the smoke detection system drawings were sent in early this week.

12/01/2005 Inspection Report Requested - Fire
faxed this date.

12/01/2005 Inspection Report Requested - Fire

02/24/2006 Contact - Document Sent
Requesting verification (within 7 days) that the OFS/Plan Review Board had received his signed sealed Architectural plans.

02/28/2006 Contact - Document Received
Faxed a copy of the Fire Safety Plan Review Report dated 12/20/05. The second attachment was the Plan Review/Documentation Fire Alarm or Fire Suppression System

04/24/2006 Contact - Telephone call made to Mark James.
Referred to the Plan Review Board for approval prior to OFS inspection

04/28/2006 Contact - Document Sent
A copy of closure letter.

05/02/2006 Contact – Telephone call made and spoke with Mark James about the fire inspection and the possible need for a sprinkler system.

05/02/2006 Inspection Report Requested – Health.
Previous health inspection was over 18 months old.

05/05/2006 Confirming Letter Sent indicating the applicant must be in full compliance in 30 days from May 7, 2006.

05/08/2006 Contact – Telephone call received from Mark James.
OFS completed their inspection CAP required and sending facility policies for review.

05/08/2006 Contact Telephone call received from OFS
Discuss application date in relation to the sprinkler system requirement.

05/08/2006 Inspection Report requested - Fire. This consultant faxed requested information to OFS.

05/08/2006 Inspection Completed –Fire Safety D.

05/17/2006 Contact – Document Sent ,
Request a plan of correction for the fire safety report with a reminder of the 30 day limit.

05/29/2006 Contact – Document Received from Mark James
Submitted the plan of correction to OFS.

05/26/2006	Contact – Document received. Mark James left facility documents at OCAL office.
05/31/2006	Contact – Telephone Call made to Mark James Schedule review of policies. Sample and check sheet faxed to licensee.
05/31/2006	Inspection Completed – Environmental Health A.
05/31/2006	Contact – Telephone Call received from OFS OFS accepted CAP.
05/31/2006	Contact –Document received Updated policies.
06/02/2006	Inspection Completed –Fire Safety: A.
06/05/2006	Contact Document Received Updated policies.
06/05/2006	Inspection Completed On-site, with Consultants Leon Hale and Arlene Smith.
06/05/2006	Inspection Completed –BFS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The two-story home sits on a hill and is located in rural Kent County with an address of 7728 Lessiter, Belding, MI in the township of Graton. This home was originally licensed to Anna Harris as a family home in 1977 and then, she changed to a small group home on September 16, 1982, and has remained a small group home.

The main level of the home has the kitchen, dining room, living room, and a smoking porch. There is a full bath off the hallway by the kitchen. There is a restroom with a stool, urinal, and sink off the living room and next to this restroom is a separate shower. A small restroom is off the east/west hallway. The enclosed smoking porch is off the dining room and the laundry room is located at the back of the home off the east/west hallway. The dining room has seating for 12 residents. Resident bedrooms are all located on the main floor. Six individual rooms are down the south hallway and two individual bedrooms are off the dining room. One, three resident bedroom is off the entryway hallway. Two bedrooms off the dining room do not have a window and will not be used as sleeping rooms. The second floor will be used by staff and not by residents.

First Floor Bedrooms:

Resident bedroom # 1 off the southwest hallway, measured 73.20 square feet.
Resident bedroom # 2 off the southwest hallway, measured 81.52 square feet.
Resident Bedroom # 3 off the southwest hallway measured 83.20 square feet.
Resident bedroom # 4 off the southeast hallway measured 84.90 square feet.
Resident bedroom # 5 off the southeast hallway measured 80.28 square feet.
Resident bedroom # 6 off the southeast hallway measured 80.50 square feet.

Resident bedroom # 7 is off the dining room (northwest) measured 116.46 square feet.
Resident bedroom # 8 is off the dining room (northeast) measured 77.8 square feet.
Resident bedroom # 9 contains three beds and measured 247 square feet. All the resident bedrooms met the minimal requirement of 65 square feet per resident.

The square footage of the dining room, living room along with the enclosed smoking porch measured 848 square feet. The required living space of 35 square feet per resident for 11 residents is 385 square feet.

There is a Michigan basement under the home, which contains the furnace and the hot water heater with an established floor separation of a 1 3/4 –inch solid core wood door at the top of the stairs equipped with a self -closing device. The home is equipped with a hardwire smoke alarm system, with battery back up, which was installed by a licensed electrician, and is fully operational.

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 eleven (11) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or aged 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. Residents will be referred from: (the various community mental health agencies along with the various agencies in the community who contact with community mental health agencies and the Department of Human Services).

The applicant will encourage the residents to be involved in Adult Activity, Day Care, or Day Training Programs, Recreational Programs, and social training

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, or the responsible person.

The licensee will provide all transportation for medical needs and he will arrange for transportation for programming. 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

A licensing record clearance request was completed with no lein convictions recorded for the applicant who will become the licensee. The applicant will also be the administrator. The applicant /administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/administrator 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 11bed facility is adequate and includes a minimum of 1 staff to 11 residents per shift. The applicant indicated that staff will be awake during all hours of the day.

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 acknowledges an understanding of the responsibility to assess the good moral character of each volunteer, employee, or contractor that has direct access to residents. The applicant has expressed that FBI finger printing and the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

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, to 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 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 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.

D. Rule/Statutory Violations

The home was found in full compliance with the statutory requirements as well as the administrative rules for a medium group adult foster care home.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 1 – 11).

Arlene B. Smith

06/06/2006

Arlene Smith
Licensing Consultant

Date

Approved By:



06/06/2006

Christopher J. Hibbler
Area Manager

Date