



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



JENNIFER M. GRANHOLM  
GOVERNOR

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DIRECTOR

August 25, 2006

Steven Everett  
Northern Springs Management Co.  
05890 U.S. 131 S.  
Boyne Falls, MI 49713

RE: Application #: AM400282377  
Walnut Street AFC  
417 Walnut St.  
Kalkaska, MI 49646

Dear Mr. Everett:

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 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 (231) 922-5309.

Sincerely,

Terry Ibbotson, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5475

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM400282377
<b>Applicant Name:</b>	Northern Springs Management Co.
<b>Applicant Address:</b>	05890 U.S. 131 S. Boyne Falls, MI 49713
<b>Applicant Telephone #:</b>	(231) 675-1348
<b>Administrator/Licensee Designee:</b>	Steven Everett
<b>Name of Facility:</b>	Walnut Street AFC
<b>Facility Address:</b>	417 Walnut St. Kalkaska, MI 49646
<b>Facility Telephone #:</b>	(231) 258-9478
<b>Application Date:</b>	03/16/2006
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

## **II. METHODOLOGY**

03/16/2006	Enrollment
03/27/2006	Inspection Report Requested - Health
03/27/2006	Contact - Document Sent sent fire safety letter with attachments
04/04/2006	Inspection Completed-Env. Health: A
04/28/2006	Application Incomplete Letter Sent
05/23/2006	Contact - Document Received
05/25/2006	Application Incomplete Letter Sent
08/01/2006	Inspection Report Requested - Fire
08/16/2006	Inspection Completed-Fire Safety : A
08/21/2006	Inspection Completed-BFS Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This facility is located in a residential neighborhood near downtown Kalkaska. It is an older, single level wood frame home with aluminum siding and a full basement. A storage barn is located directly behind the house. A deck area is available at both the front and back of the home. The home is heated with a hot water boiler and a natural gas furnace. The heat plants and the three natural gas-fueled water heaters are located in the basement of the facility. A fire separation between the basement and the ground floor is effected by an approved fire door, with a self-closing device, located at the top of the stairs leading to the basement. Smoke detection is obtained by a hard-wired, interconnected system. Municipal water and sewage disposal are available.

The ground floor consists of an office, a food storage room, an apartment for the live-in manager, a kitchen, laundry room, dining room, living room, sun room, three full bathrooms, one half-bath, and nine resident bedrooms. The home is wheelchair accessible, with wheelchair ramps located at the front and north side of the home.

Resident bedroom dimensions, starting in the west wing immediately following the bathroom, are:

Bedroom 1 measures 121 sq. ft. with a maximum of 1 resident.  
Bedroom 2 measures 106 sq. ft. with a maximum of 1 resident.  
Bedroom 3 measures 89 sq. ft. with a maximum of 1 resident.  
Bedroom 4 measures 102 sq. ft. with a maximum of 1 resident.

In the north wing, starting on the left, the bedrooms have the following dimensions:

Bedroom 5 measures 143 sq. ft. with a maximum of 2 residents.

Bedroom 6 measures 145 sq. ft. with a maximum of 2 residents.

Bedroom 7 measures 143 sq. ft. with a maximum of 2 residents.

Bedroom 8 measures 95 sq. ft. with a maximum of 1 resident.

Bedroom 9 measures 96 sq. ft. with a maximum of 1 resident.

Resident bedrooms are currently set up to accommodate the above number of residents. It is the licensee's responsibility not to exceed the 12 resident capacity of this adult foster care license.

The total indoor living space of the residential section is approximately 756 sq. ft., which exceeds the minimum requirement of 420 sq. ft. for 12 residents.

The Walnut Street AFC facility has been continuously licensed to various licensees to provide adult foster care, since 8-18-1997. Zoning approval had previously been obtained from the Village of Kalkaska and remains in effect.

The Walnut Street AFC received a full approval by the district health department on April 4, 2006 and by the Office of Fire Safety on 8-16-2006.

Northern Springs Management Co. has the right to occupy the premises to provide adult foster care via a 5-year lease, which began on April 1, 2006. A copy of the lease is in the licensing file.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, and personnel policy for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 12 male or female aged adults or whose diagnosis is developmentally disabled. The applicant's program statement indicates the home's services will include assistance with development of self-help skills, physical development skills, support services available from local agencies, and area health services.

The licensee will assure the availability of transportation services as provided for in the resident care agreement. It is the intent of this facility to utilize local community resources as appropriate and as called for in the residents treatment plan.

## **C. Applicant and Administrator Qualifications**

The applicant, Northern Springs Management Co., incorporated on 3-9-2006, has designated Steve Everett - the resident agent of this "Domestic Profit Corporation" - to

be the licensee designee and administrator. Mr. Everett has submitted a budget and a balance sheet to demonstrate the corporation's financial stability and capability.

A licensing record clearance request was completed, with no LEIN convictions recorded for Mr. Everett. Mr. Everett submitted a medical clearance request with a statement from a physician documenting his good health and current negative TB test results.

The licensee designee, Mr. Everett has provided documentation to satisfy the qualifications and training requirements for administrator as identified in the administrative group home rules.

The licensee designee has indicated that there will be a live-in home manager that will provide direct care to residents and be "responsible for the overall supervision of facility staff." This was supported by the facility manager's job description.

The licensee designee indicates the staffing ratio for the original license for this 12-bed facility is a minimum of 2 staff to 12 residents during the day and 1 staff in the afternoons and evenings. The staffing ratio will be adjusted by the licensee designee depending on the care needs of the residents in care. At the time of original license application, the facility has 7 residents.

The licensee designee 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 licensee designee acknowledges an understanding of the responsibility to assess the good moral character of employees, contractors, or those granted clinical privileges who have regular, ongoing, "direct access" to residents or the resident records or both. The applicant has expressed that FBI fingerprinting and the Michigan State Police LEIN or ICHAT system will be utilized as the process to identify criminal history when assessing good moral character.

The licensee designee 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 licensee designee 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 licensee designee acknowledges the 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 licensee designee acknowledges his responsibility to maintain a current employee record on file in the home for the licensee designee/administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee acknowledges an understanding of the administrative rules regarding informing each resident of his/her resident rights and providing each resident with a copy of those rights. The licensee designee indicated the intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges the 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 licensee designee acknowledges the 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.

#### IV. RECOMMENDATION

It is recommended that an original Adult Foster Care Small Group Home (1-12) license be issued to Northern Springs Management Co.



08/25/2006

Terry Ibbotson  
Licensing Consultant

Date

Approved By:



08/25/2006

Christopher J. Hibbler  
Area Manager

Date