



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

August 16, 2006

DeepWood AFC, LLC
1767 DeepWood Dr. SW
Wyoming, MI 49519
Attention: Debra Krajewski

RE: Application #: AS410284040
DeepWoods AFC
1767 DeepWood Dr. SW
Wyoming, MI 49519

Dear Ms. Krajewski:

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 effective xx/xx/2006 through xx/xx/2007.

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) 356-0100.

Sincerely,

Jerry Hendrick, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 356-0112

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410284040
Applicant Name:	DeepWood AFC, LLC
Applicant Address:	1767 DeepWood Dr. SW Wyoming, MI 49519
Applicant Telephone #:	(616) 698-6681
Administrator/Licensee Designee:	Debra Krajewski
Name of Facility:	DeepWoods AFC
Facility Address:	1767 DeepWood Dr. SW Wyoming, MI 49519
Facility Telephone #:	(616) 531-1023
Application Date:	06/05/2006
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

06/05/2006	Enrollment
06/07/2006	File Transferred To Field Office Grand Rapids
06/09/2006	Contact - Telephone call made Left message regarding scheduling inspection.
06/09/2006	Application Incomplete Letter Sent
07/20/2006	Inspection Completed On-site
07/20/2006	Inspection Completed-BFS Sub. Compliance
08/02/2006	Contact - Document Received Response to confirming letter.
08/07/2006	Inspection Completed On-site
08/07/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story ranch-style home that is located in a suburban residential neighborhood within the city limits of Wyoming. The main floor consists of four bedrooms, two bathrooms (one full and one half), a living room and kitchen with eating area. There are exits leading directly to the outside off of the front and rear of the home. There is also an exit leading through the garage to the outside off the side (kitchen) of the home.

The basement of the home is partially finished and will be used as staff living area. The furnace and hot water heater are located in the basement of the home, and a self-closing, 1-3/4 inch solid core door separates the basement from the main floor. The lower level does include laundry and storage areas, but will be considered off-limits to residents.

This facility is currently licensed for adult foster and is properly furnished and arranged for this purpose. The home is equipped with an interconnected, hardwire smoke detection system that does include battery back up. This system was installed by a licensed electrician and is fully operational. The facility is not handicap accessible therefore referrals of individuals who use wheelchairs will be denied.

Resident bedrooms have been measured and have the following dimensions:

Bedroom #1...10 feet x 13 feet = 130 sq. ft. for one resident
Bedroom #2...10 feet x 11 feet = 110 sq. ft. for one resident
Bedroom #3...12 feet x 19 feet = 228 sq. ft. for two residents
Bedroom #4...11 feet x 14 feet = 154 sq. ft. for one resident

The living and dining room areas measure a total 360 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based upon the above information, it is concluded that this facility can accommodate six (6) residents. It is the responsibility of the licensee 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 6 men who have a diagnosis of developmental disability, mental illness or are aged. The program will include social interaction skills and personal hygiene assistance as needed and as identified in each resident's written Assessment Plan. Resident referrals will be accepted primarily from Kent County Community Mental Health, however other referral sources will be considered.

If identified as a need in a resident's assessment plan, and agreed upon by the applicant, behavioral modification and crisis intervention programs may be developed and implemented. Staff implementing these plans will be trained and prior approval from the resident, guardian and/or responsible person will be obtained.

The applicant will work with resident referral sources and local transportation providers to ensure that residents have transportation to day program or employment opportunities. The applicant will utilize local community resources as they are available and as residents are interested in them.

C. Applicant and Administrator Qualification

The applicant is Deep Wood AFC, LLC., a Domestic Limited Liability Company, with articles of organization filed on 05/01/2006, and in good standing with the State of Michigan. Debra Krajewski is identified as the registered agent and the licensee designee and the administrator for Deep Wood AFC, LLC.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting her good health and current TB-tine negative results.

The licensee designee/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 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents during both awake and sleeping hours.

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 a 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 her 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 her 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 documents contained within each employee's file.

The licensee designee 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 licensee designee indicated that it is her 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 her intention to achieve and maintain compliance with 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 her 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 her responsibility to maintain a current 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

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



08/16/2006

Jerry Hendrick
Licensing Consultant

Date

Approved By:



08/16/2006

Christopher J. Hibbler
Area Manager

Date