



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

September 28, 2006

Amanda Lindy  
3051 Lowry Ct.  
Kentwood, MI 49512

RE: Application #: AF410285580  
New Outlook  
3051 Lowry Ct.  
Kentwood, MI 49512

Dear Ms. Lindy:

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.

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 (231) 922-5309.

Sincerely,

Grant Sutton, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0117

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410285580
<b>Applicant Name:</b>	Amanda Lindy
<b>Applicant Address:</b>	3051 Lowry Ct. Kentwood, MI 49512
<b>Applicant Telephone #:</b>	(616) 318-4958
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	New Outlook
<b>Facility Address:</b>	3051 Lowry Ct. Kentwood, MI 49512
<b>Facility Telephone #:</b>	(616) 318-4958
<b>Application Date:</b>	08/22/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

08/22/2006	Enrollment
08/25/2006	Comment Licensee is planning to move into facility once licensed.
08/25/2006	File Transferred To Field Office Grand Rapids
08/29/2006	Comment App. rec'd in GR
08/29/2006	Application Incomplete Letter Sent
09/01/2006	Contact - Document Received Documents requested for review, etc.
09/20/2006	Inspection Completed On-site
09/20/2006	Inspection Completed – BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch-style duplex located in a subdivision of similar styled homes in Kentwood. The duplex has been opened so that the licensee resides on one side and the residents on the other side of the duplex. The main floor of the resident side consists of a living room, kitchen, dining room, 2 bedrooms, and 1 full bathroom. The lower, walkout level on the resident's side consists of 2 bedrooms, a full bathroom, a storage room and a separate room for the heat plant. The furnace and hot water heater are located in the basement. An inspection was completed of the furnace and approved by a qualified furnace installer. A 1 ¾ - inch solid core door was installed with an automatic self closer, located at the entrance of the heat plant. Battery-operated, single station smoke detectors have been installed on each floor. The licensee's side of the duplex is of a similar configuration to that of the residents'.

The living space for residents meets the rules and requirements for an Adult Foster Care Family Home. The specific dimensions for the resident bedrooms are as follows:

Bedroom #1 is 182 sq. ft. for 2 residents on the main level  
Bedroom #2 is 105 sq. ft. for 1 resident on the main level  
Bedroom #3 is 165 sq. ft. for 2 residents on the lower level  
Bedroom #4 is 208 sq. ft. for 1 resident on the lower level

The living room, sitting room, and the dining room areas measure a total of 300 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The licensee and her fiancé will reside on the other, opened and connected side of the duplex.

The facility is not handicap accessible.

Based on the above information, it is concluded that this facility can accommodate **two** residents. It is the responsibility of the licensee to not exceed the adult foster care family home's licensed resident capacity.

This home has previously been licensed as an adult foster care, family home facility.

## **B. Program Description**

The New Outlook Adult Foster Care Home will provide 24-hour supervision, protection, and personal care to six (6) adult men or women (over the age of 18) who have a developmental disability, a mental illness, and/or are aged. The resident area is not handicap accessible. The applicant will accept referrals from the local Community Mental Health Board, network 180, and will consider private pay individuals. The applicant has seven years of experience working with the population(s) identified, primarily in adult foster care settings.

The applicant will encourage and facilitate resident participation in activities as they are available and as the residents are interested, both within the facility and in the community. The licensee will work with residents, guardians, and supports coordinators to develop and support each resident's Person Centered Plan, if the resident is a mental health consumer.

The applicant will work with guardians and supports coordinators, as applicable, to insure that residents have transportation to day programming (if involved) and to appointments, as they arise.

## **C. Applicant and Responsible Person Qualifications**

The applicant and the applicant's fiancé will reside in the facility.

The applicant, Amanda Lindy has sufficient financial resources to provide for the adequate care of the residents as evidenced by income from the six (6) residents already residing in the facility and identified financial support from the responsible person who owns the facility and is licensee for several adult foster care facilities in the community.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, the live in fiancé or the responsible person. The applicant, the live in fiancé, and the responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The supervision of residents in this family home licensed for two (6) residents will be the responsibility of the family home applicant 24 hours a day and 7 days a week with the responsible person on call to provide supervision and relief.

The applicant acknowledges an understanding of the additional training and qualification requirements for the responsible person(s) or volunteers providing a specialized program. The applicant acknowledges that prior to any individual working in the home in this capacity or providing care to residents in the home, that each person will have completed training and have been determined qualified by the applicant.

The applicant 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 applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or volunteers 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 her responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, responsible person(s), or volunteer(s) 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 admission 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 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 her 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 her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant was informed of those rules related to the handling and accounting of resident funds and valuables and intends to comply.

The applicant acknowledges her responsibility to obtain 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 her 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

I recommend issuance of a temporary license to this adult foster care family home (capacity 6).



09/27/2006

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Grant Sutton  
Licensing Consultant

Date

Approved By:



09/27/2006

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Christopher J. Hibbler  
Area Manager

Date