



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

November 6, 2006

Janet Turner
8805 Bennett Street SE
Ada, MI 49301

RE: Application #: AF410284216
Turner Foster Home
8805 Bennett Street SE
Ada, MI 49301

Dear Ms. Turner:

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 one (1) 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,

Leon M. Hale, Licensing Consultant
Office of Children and Adult Licensing
Unit 13
350 Ottawa Avenue, N.W.
(616) 356-0111
Grand Rapids, MI 49503-2337

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF410284216
Applicant Name:	Janet Turner
Applicant Address:	8805 Bennett Street SE Ada, MI 49301
Applicant Telephone #:	(616) 676-3149
Administrator/Licensee Designee:	N/A
Name of Facility:	Turner Foster Home
Facility Address:	8805 Bennett Street SE Ada, MI 49301
Facility Telephone #:	(616) 676-3149
Application Date:	06/12/2006
Capacity:	1
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/12/2006	Enrollment
08/10/2006	Inspection Report Requested - Health
08/10/2006	File Transferred To Field Office Grand Rapids
08/15/2006	Comment App received in GR
08/15/2006	Application Incomplete Letter Sent
08/24/2006	Contact - Telephone call made Returned call from applicant.
08/24/2006	Inspection Completed-Env. Health : B
08/29/2006	Contact - Telephone call received Conversation with applicant. Discussed fire door requirements.
08/29/2006	Application Incomplete Letter Sent
09/05/2006	Contact - Document Received Received copy of credit report
09/11/2006	Contact - Telephone call made I tentatively set a 9/27 inspection.
09/27/2006	Inspection Completed On-site
09/27/2006	Inspection Completed-BFS Sub. Compliance
09/27/2006	Application Incomplete Letter Sent
10/05/2006	Contact - Document Received Received written verification from applicant that corrections had been made.
10/26/2006	Inspection Completed – Environmental Health :A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This two-story building with basement, is located in rural Kent County. It is a conventional stick-built structure with vinyl and wood siding.

The furnace and hot water heater are located in the basement. An inspection was completed of the furnace on 09/01/2006, and the unit was found to be in acceptable working order. A 90 minute steel fire door was installed with an automatic self closer, located at the entrance of the basement. Battery-operated, single station smoke detectors have been installed on each floor. The facility has a wheelchair ramp, allowing for accommodation of individuals who use wheelchairs.

The proposed resident bedroom was measured during the initial on-site inspection and has the following dimensions:

13'7" x 8'10" = 119.91 square feet for 1 resident

The above resident bedroom is the only bedroom on the main floor.

The living rooms are 15'5" x 7'7" and 11'11" x 12'11". The dining room is 12'7" x 6'. That equals 346.36 square feet of living space, which is sufficient for 3 occupants.

Based on the above information, it is concluded that this facility has sufficient space to accommodate the (1) requested resident. It is the responsibility of the licensee to not exceed the adult foster care family home's licensed resident capacity.

B. Program Description

The applicant plans on caring for a severely disabled adult male who is placed at the facility as a minor under her existing children's foster home license. The applicant's children's foster home license will be closed as soon as her AFC license opens.

The applicant intends to provide 24-hour supervision, protection, and personal care to one (1) ambulatory, male who is diagnosed with a developmentally disability. The program will include personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's individual needs.

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.

In addition to the above program elements, the applicant will continue to encourage her resident's attendance at Lincoln school. The applicant plans on taking her resident on "walks", to movies, and to restaurants.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Janet Turner, two responsible persons, and one adult household member. The applicant, two responsible persons, and the household member submitted a medical clearance request with statements from a physician documenting their health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the resident as evidenced by income from her job as a bus driver for the Kent Intermediate School District and her projected income from caring for an AFC resident.

The supervision of residents in this family home licensed for one (1) resident will be the responsibility of the family home applicant 24 hours a day and 7 days a week with the responsible person(s) on call to provide supervision and relief.

The applicant plans on applying for special certification status and acknowledges an understanding of the additional training and qualification requirements for the responsible person(s) or volunteers providing a specialized program.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.mltcpartnership.org), Identix, and the related documents required to be maintained in each employees record to demonstrate compliance.

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 AFC adult family home (capacity 1-6).



11/06/2006

Leon M. Hale
Licensing Consultant

Date

Approved By:



11/06/2006

Christopher J. Hibbler
Area Manager

Date