



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

November 30, 2006

Robert Vonk II
13246 120th Ave.
Grand Haven, MI 49417

RE: Application #: AF700284260
Vonk AFC
13246 120th Ave.
Grand Haven, MI 49417

Dear Mr. Vonk II:

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 4 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, you may 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.
Grand Rapids, MI 49503-2337
(616) 356-0111

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF700284260
Applicant Name:	Robert Vonk II
Applicant Address:	13246 120th Ave. Grand Haven, MI 49417
Applicant Telephone #:	(616) 481-3297
Administrator/Licensee Designee:	N/A
Name of Facility:	Vonk AFC
Facility Address:	13246 120th Ave. Grand Haven, MI 49417
Facility Telephone #:	(616) 481-3297
Application Date:	06/14/2006
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/14/2006	Enrollment
06/16/2006	Inspection Report Requested - Health 1010759
06/16/2006	File Transferred To Field Office Grand Rapids
06/21/2006	Inspection Completed-Environmental Health : A rating
06/23/2006	Application Incomplete Letter Sent
07/31/2006	Contact - Document Received Received requested documents from the licensee.
08/01/2006	Application Complete/On-site Needed
08/07/2006	Inspection Completed On-site
08/07/2006	Application Incomplete Letter Sent
11/14/2006	Inspection Completed On-site
11/14/2006	Application Incomplete Letter Sent
11/29/2006	Contact –Document Received Received requested emergency procedures document.
11/29/2006	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This bi-level house is located in rural Robinson Township. An elementary school, public park, and fire station are all within walking distance of the adult foster care family home.

The furnace and hot water heater are located in the lower level, which also houses a resident bedroom. The furnace and hot water heater are enclosed in the heat plant room. Electrically powered interconnected smoke detectors are present on both floors. The facility does not have a wheelchair ramp, so individuals who require wheelchairs are not to be admitted.

The two proposed resident bedrooms were measured during the initial on-site inspection and have the following dimensions:

Lower Level:

22'2" x 10'11"= 242.09 square feet, approved for 3 AFC residents.

Upper Level:

12'4" x 9'8"= 119.10 square feet, approved for 1 AFC resident.

The dining area is 12'2" x 9'11". The living room is 17'5" x 13'2". The lower level dining room is 24'9" x 15'. That equals 721.39 square feet of living space, which is sufficient for the 6 proposed occupants.

Based on the above information, it is concluded that this facility has sufficient space to accommodate the four (4) requested residents. 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 intends to provide 24-hour supervision, protection, and personal care to four (4) ambulatory, male and female adults who are diagnosed with a developmentally disability. 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 individual needs. The applicant plans on applying for Special Certification status.

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, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Robert D. Vonk II. The applicant and responsible person submitted medical clearance request forms 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 residents as evidenced by income from his job with the Kent County MSU extension office. The applicant plans on keeping his job. His wife, Carla Jean Vonk, plans on quitting her job at an adult day program funded by Ottawa County CMH and will become the full-time caregiver for the AFC residents.

The supervision of residents in this family home licensed for four (4) residents 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 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 his 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 his 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 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 his 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 his 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 his 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).



11/30/2006

Leon M. Hale
Licensing Consultant

Date

Approved By:



11/30/2006

Christopher J. Hibbler
Area Manager

Date