



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

December 11, 2006

David Kennedy  
Kennedy House LLC  
1623 High Street  
Traverse City, MI 49684

RE: Application #: AS280285261  
Kennedy House  
1623 High Street  
Traverse City, MI 49684

Dear Mr. Kennedy:

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 (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**

**License #:** AS280285261

**Applicant Name:** Kennedy House LLC

**Applicant Address:** 1623 High Street  
Traverse City, MI 49684

**Applicant Telephone #:** (231) 935-1562

**Administrator/Licensee Designee:** David Kennedy

**Name of Facility:** Kennedy House

**Facility Address:** 1623 High Street  
Traverse City, MI 49684

**Facility Telephone #:** (231) 935-1562

**Application Date:** 08/01/2006

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS

## II. METHODOLOGY

08/01/2006	Enrollment
09/19/2006	Application Incomplete Letter Sent
10/04/2006	Contact - Document Received
10/10/2006	Application Incomplete Letter Sent
11/16/2006	Contact - Face to Face
11/17/2006	SC-Application Received - Original
11/29/2006	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This home is located in a residential neighborhood in Southwest Traverse City. It is a ranch style home that the applicant states was built around 1970. The home was previously licensed as an adult foster care family home (AF280002189). The home has a full, finished basement, however all proposed adult foster care residents will live and sleep on the main floor. Acceptable wheelchair ramps are available at the front and back entrances.

A natural gas furnace located in the basement heats the home. The basement also contains the natural gas-fueled water heater. A 1-3/4 inch, solid wood core door located at the top of the stairs, equipped with a self-closing device, serves as a fire separation between the basement and the main floor. Smoke detection is effected by a hard-wired, interconnected system with battery back-up. City water and sewage disposal are available.

The ground floor consists of a foyer at the front entrance, a living room, dining area, kitchen, 2 full bathrooms, and 5 bedrooms. Resident bedroom dimensions, starting at the south end of the home, are as follows:

Bedroom 1 measures 144 sq. ft., with a maximum capacity of two residents.  
Bedroom 2 measures 96 sq. ft., with a maximum capacity of one resident.  
Bedroom 3 measures 120 sq. ft., with a maximum capacity of one resident.  
Bedroom 4 measures 114 sq. ft., with a maximum capacity of one resident.  
Bedroom 5 measures 109 sq. ft., with a maximum capacity of one resident.

The applicant currently has bedrooms 1, 3, 4, and 5 furnished for 4 residents. The applicant states that during the temporary license period he will have the 5 bedrooms furnished for their capacity of 6 residents. At that time, the capacity of the license can be increased to 6 residents.

The total indoor living space of the residential section is approximately 343 sq. ft., which exceeds the minimum requirement of 210sq. ft. for 6 residents.

The applicant has the right to occupy the premises to provide adult foster care via a one-year lease, which ends on March 15, 2007. The applicant indicates that the lease will be continued and signed prior to the date of expiration. A copy of the current lease is in the licensing file for the facility.

## **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 6 male or female developmentally disabled and/or mentally ill adults in the least restrictive environment possible. Developmentally disabled adults with dementia will also be admitted, as appropriate. The applicant intends to contract with Northern Lakes Community Mental Health to deliver specialized care. The applicant submitted an acceptable original application for certification for specialized care on 11-17-2006.

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 social, behavioral, and developmental needs. The applicant will assure the availability of transportation services as provided for in each resident's resident care agreement and assessment plan. It is the intent of this facility to utilize local community resources as appropriate and as called for in each resident's treatment plan.

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 responsible person.

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

The applicant, Kennedy House LLC is an active limited liability company formed/qualified by the state of Michigan on 05/01/2006.

Kennedy House LLC, a recently formed LLC, has no known history of financial instability or non-payment of financial obligations. A projected budget for the operation of Kennedy House has been submitted and accepted. David Kennedy, resident agent for Kennedy House LLC, indicates his independent employment income is available to the LLC during initial operation.

Kennedy House LLC has designated, in writing, David Kennedy as the licensee designee. The applicant has also designated, in writing, the person who will be on-site or immediately available and who will have the authority to carry out the licensee and administrator's responsibilities in the event of their absence. The applicant agrees to ensure that the identity of the designated person is made known to all staff.

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 statements from a physician documenting good health and current TB negative results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The proposed staffing pattern for this proposed 6-bed facility includes a minimum of 2 staff to 6 residents for the day and afternoon shift and one awake staff during sleeping hours. Only AFC residents will reside in the home (no live-in staff or other occupant).

The applicant 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 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 resident information. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Identix system, 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 direct care staff who 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 for each resident receiving medication.

The applicant acknowledges 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 applicant acknowledges responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer 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 informing each resident of his/her resident rights and providing the resident with a copy of those rights. The applicant indicated the 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated the intention to achieve and maintain compliance with the reporting and investigation of incidents and accidents as required by the administrative rule.

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

The applicant 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 applicant 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 license with an initial capacity of 4 residents and a Special Certification for developmentally disabled and/or mentally ill residents be issued to Kennedy House LLC.



12/11/2006

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Terry Ibbotson  
Licensing Consultant

Date

Approved By:



12/11/2006

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Christopher J. Hibbler  
Area Manager

Date