



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

December 12, 2006

Shyamal and Marshia Dhar  
11650 Riley St.  
Holland, MI 49424

RE: Application #: AF700285603  
Riley Care  
11650 Riley St.  
Holland, MI 49424

Dear Mr. and Mrs. Dhar:

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 12/13/2006 through 6/12/2007.

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**

<b>License #:</b>	AF700285603
<b>Applicant Name:</b>	Shyamal Dhar and Marshia Dhar
<b>Applicant Address:</b>	11650 Riley St. Holland, MI 49424
<b>Applicant Telephone #:</b>	(616) 796-0468
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Riley Care
<b>Facility Address:</b>	11650 Riley St. Holland, MI 49424
<b>Facility Telephone #:</b>	(616) 796-0468
<b>Application Date:</b>	08/24/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

08/24/2006	Enrollment
08/28/2006	Application Incomplete Letter Sent Page 3 of application sent back for completion.
09/05/2006	Contact - Document Received Completed Application
09/06/2006	File Transferred To Field Office Grand Rapids
09/14/2006	Application Incomplete Letter Sent
09/25/2006	Contact - Document Received Response to application letter.
09/25/2006	Contact - Telephone call made Left message regarding scheduling renewal inspection.
09/25/2006	Contact - Telephone call received Scheduled renewal inspection.
10/04/2006	Inspection Completed On-site
10/04/2006	Inspection Completed-BFS Sub. Compliance
10/27/2006	Contact - Document Received Response to confirming letter
10/30/2006	Contact - Telephone call made Left message regarding scheduling a second inspection.
11/15/2006	Inspection Completed On-site
11/15/2006	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-story home with a walkout lower level located in a residential neighborhood in rural Holland, Michigan. It was licensed for adult foster care services to a different licensee prior to a recent change in ownership. The main floor of the home includes a living room, kitchen and dining room, a bathroom, a bedroom and the laundry facilities. The lower level of the home includes another living room, a bathroom and three bedrooms. The furnace, hot water heater and laundry facilities are all located on

the lower level of the home. Main floor exits from the facility are located in the front (off of the dining room) and the rear (off the living room). The lower level exit is located off of the living room. The licensee's family will use the upstairs of the home and this area will be considered off-limits to other residents. An inspection was completed of the furnace and approved by a qualified furnace installer. Battery operated single station smoke detectors have been installed in all required areas.

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

Bedroom #1... 14 ft. by 13 ft. = 182 sq. ft. for two residents

Bedroom #2... 11.6 ft. by 11.3 ft. = 131 sq. ft. for two residents

Bedroom #3... 13 ft. by 9.5 ft. = 123 sq. ft. for one resident

Bedroom #4... 13 ft. by 9.5 ft. = 123 sq. ft. for one resident

The living room and dining room areas measure a total of 492 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The facility is not handicap accessible as there are no exit/entrance ramps.

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

## **B. Program Description**

Riley Care AFC will provide 24-hour supervision, protection, and personal care to six (6) adults who are aged or have a developmental disability. The resident area is handicapped accessible, allowing for consideration of referrals of physically handicapped individuals. The licensee will accept referrals from the local Community Mental Health Board as well as private referrals.

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 applicant will work with residents, guardians, and supports coordinators to develop and support each resident's Person Centered Plan.

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

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

The applicants and their child will reside at the facility with the residents.

The applicants have sufficient financial resources to provide for the adequate care of the family and residents as evidenced by an account with cash on hand at a local credit union and a proof of ownership provided for the property to be used for adult foster care services.

A licensing record clearance check was completed for both the applicants and responsible person. The applicants and 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 six (6) residents will be the responsibility of the family home applicants 24 hours a day and 7 days a week with the responsible person on call to provide supervision and relief.

The applicants acknowledge an understanding of the additional training and qualification requirements for the responsible person(s) or volunteers providing a specialized program. The applicants acknowledge 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 applicants 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 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](http://www.mltcpartnership.org)), Identix, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures and that only those responsible persons or volunteers that have received medication training and have determined competent by the licensee, can administer medication to residents. In addition, the applicants have 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 applicants acknowledged their responsibility to obtain 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 applicants acknowledge their 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 applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 applicants have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants were informed of those rules related to the handling and accounting of resident funds and valuables and expressed their intention to comply.

The applicants acknowledge their responsibility to obtain the required forms and signatures that are to be completed prior to, 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 applicants acknowledge their 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 a temporary license with a capacity of six be issued for this facility effective 12/13/2006 through 6/12/2007.



12/13/2006

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Jerry Hendrick  
Licensing Consultant

Date

Approved By:



12/13/2006

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Christopher J. Hibbler  
Area Manager

Date