



JENNIFER M. GRANHOLM
GOVERNOR

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



MARIANNE UDOW
DIRECTOR

March 1, 2007

Linda Eckelstafer
6135 112th St
Howard City, MI 49329

RE: Application #: AM620268875
Peaceful Acres AFC
6135 112th St.
Howard City, MI 49329

Dear Ms. Eckelstafer:

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 12 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,

Julie Loncar, Licensing Consultant
Office of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5470

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM620268875
Applicant Name:	Linda Eckelstafer
Applicant Address:	6135 112th St Howard City, MI 49329
Applicant Telephone #:	(616) 636-4777
Administrator/Licensee Designee:	Linda Eckelstafer
Name of Facility:	Peaceful Acres AFC
Facility Address:	6135 112th St. Howard City, MI 49329
Facility Telephone #:	(616) 636-4777 07/19/2004
Application Date:	
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

07/19/2004	Enrollment
07/30/2004	Inspection Report Requested - Fire
07/30/2004	Inspection Report Requested - Health
08/25/2004	Contact - Telephone call made Contact with applicant; problems getting zoning approved.
09/23/2004	Contact - Telephone call received Contact from township staff; questions re: population served, etc.
11/22/2004	Contact - Face to Face Met with licensee; working with Fire Safety but plans not submitted yet
04/06/2005	Contact - Telephone call made Contact with applicant; plans submitted for review - initial disapproval given. Builder working with fire safety to make corrections, etc.
04/18/2005	Contact - Document Sent App. incomplete letter
04/21/2005	Inspection Completed On-site
05/19/2005	Contact - Telephone call made Township board blocking zoning approval
08/08/2005	Contact - Telephone call received Still waiting for zoning approval from township; also BCCFS approval/inspections
12/13/2005	Contact - Telephone call made Message left; status of zoning?
01/06/2006	Contact - Telephone call received Licensee. going to a township hearing on zoning issue with atty.
02/22/2006	Contact - Document Received zoning approval
06/26/2006	Contact - Telephone call made Plans still with architect
07/07/2006	Contact - Telephone call received Plan revisions completed; sending to DLEG, however, new issue

identified with previously approved plans by DLEG. Builder working with them.

07/12/2006	Inspection Report Requested - Fire
10/30/2006	Inspection Report Requested - Fire faxed to FM
01/18/2007	Inspection Completed-Fire Safety : A
01/31/2007	Inspection Completed On-site
02/08/2007	Inspection Completed – Environmental-A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home has been licensed as a six bed Adult Foster Care Family Home since 8/15/2003. The Licensee, Linda Eckelstafer, applied for an Adult Foster Care Medium Group Home for a capacity of 12 on 07/19/2004.

The home is located in rural, southeastern Newaygo County. The facility is a ranch style home with two double bedrooms and one single on the main level and three double bedrooms and one single on a lower finished, walk out level. There's one full bath on the main floor and two full baths on the lower level. The home was completely renovated over the past two years with the addition of six new bedrooms and three full bathrooms. A second kitchen was added including a walk-in pantry and new laundry room in the lower level. The home has a two car attached garage and a large built in swimming pool and hot tub. All bedrooms meet the square footage requirements for single or double occupants.

The facility was given an "Approval" on 1/15/2007 from the Bureau of Fire Safety and has a newly installed sprinkler system as well as additional self-closing, fire rated floor separation doors.

The facility was given an "Approval" on 2/8/2007 from the Newaygo County Environmental Health Department for private water and sewage.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill or aged in the least restrictive environment possible. 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 and behavioral developmental 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.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no LIEN convictions recorded for Ms. Eckelstafer. The applicant also submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

Ms. Eckelstafer has several years experience working with the DD, MI and Aged populations and has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 2 staff to 12 residents, per shift.

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 the residents' information, or both. The licensing consultant provided technical assistance regarding 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 responsibility to assess the good moral character of each volunteer and employee of the facility and complete a criminal background check on employees and contractors pursuant to the statutory requirement of Section 400.734 (b). This check includes a State Police felony conviction check as well as fingerprinting requirements according to the statute.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff 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 their 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 their 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 their resident rights and providing them with a copy of those rights. The applicant indicated that it is their 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 their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The applicant acknowledges their 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 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.

C. Rule/Statutory Violations

There were no rule violations noted.

IV. RECOMMENDATION

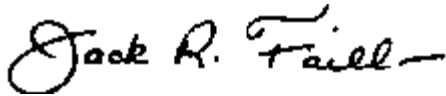
I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



Julie Loncar
Licensing Consultant

02/22/2007
Date

Approved By:



2/28/2007

Jack R. Failla
Area Manager

Date