



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

April 10, 2007

Brian Tidd  
Thresholds  
1225 Lake Drive SE  
Grand Rapids, MI 49506

RE: Application #: AM410278667  
Plainfield Group Home  
2860 Plainfield NE  
Grand Rapids, MI 49505

Dear Mr. Tidd:

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 8 is issued.

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>                       | AM410278667                                  |
| <b>Applicant Name:</b>                  | Thresholds                                   |
| <b>Applicant Address:</b>               | 1225 Lake Drive SE<br>Grand Rapids, MI 49506 |
| <b>Applicant Telephone #:</b>           | (616) 774-0853                               |
| <b>Administrator/Licensee Designee:</b> | Marcia English, Administrator                |
| <b>Name of Facility:</b>                | Plainfield Group Home                        |
| <b>Facility Address:</b>                | 2860 Plainfield NE<br>Grand Rapids, MI 49505 |
| <b>Facility Telephone #:</b>            | (616) 361-0838                               |
| <b>Application Date:</b>                | 09/06/2005                                   |
| <b>Capacity:</b>                        | 8  |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED                     |

## II. METHODOLOGY

|            |   |
|------------|---|
| 09/06/2005 | Enrollment  |
| 09/08/2005 | Inspection Report Requested - Health<br>1009029   |
| 09/08/2005 | Inspection Report Requested - Fire  |
| 09/08/2005 | File Transferred To Field Office<br>Grand Rapids  |
| 09/13/2005 | Application Incomplete Letter Sent  |
| 09/13/2005 | Inspection Report Requested - Fire  |
| 09/13/2005 | Contact - Telephone call made<br>To licensee designee.  |
| 09/29/2005 | Inspection Completed-Env. Health : A  |
| 11/15/2005 | Contact - Telephone call received<br>Call to determine when the fire inspection will be done.   |
| 12/06/2005 | Contact - Telephone call made<br>scheduled inspection   |
| 12/12/2005 | Inspection Completed On-site  |
| 12/12/2005 | Inspection Completed-BFS Sub. Compliance  |
| 12/21/2005 | Corrective Action Plan Received   |
| 12/21/2005 | Corrective Action Plan Approved   |
| 06/23/2006 | Inspection Completed-Fire Safety : D  |
| 08/07/2006 | Application Incomplete Letter Sent<br>Waiting for fire safety approval                          |
| 10/31/2006 | Inspection Completed-Fire Safety : D  |
| 11/22/2006 | Inspection Completed-Fire Safety : B  |
| 11/28/2006 | Contact - Telephone call made<br>Email to fire safety inspector asking for follow-up inspection |
| 11/28/2006 | Contact - Telephone call made<br>Message for licensee designee regarding status of fire safety  |

|            |  |
|------------|--|
| 12/11/2006 | Inspection Completed-Fire Safety : B                               |
| 02/06/2007 | Inspection Completed-Fire Safety : A                               |
| 02/23/2007 | Inspection Completed-Env. Health : B                               |
| 03/14/2007 | Inspection Completed On-site<br>Follow-up to previous inspections. |
| 03/16/2007 | Contact – Document Received  |
| 04/06/2007 | Inspection Completed-Env. Health : A                               |
| 04/09/2007 | Recommend License Issuance   |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a one-story ranch style home located in a residential neighborhood within the city limits of Grand Rapids. The applicant has used this home for adult foster care services (small group home with a capacity of six) for a period of more than ten years. The home includes a kitchen, dining room, living room, five bedrooms, and two full bathrooms. The furnace and water heater are located on the main floor of the home, and are separated from the other areas of the home with a self-closing, solid core door. The home is sprinkled and equipped with an interconnected, hardwire smoke alarm system, with a battery back up, which was installed by a licensed electrician and is fully operational. The facility is handicap accessible allowing for referrals of individuals who use wheelchairs.

Resident bedrooms have been measured and have the following dimensions:

Resident bedroom #1 is 11' x 14' = 154 sq. ft. for 2 residents  
 Resident Bedroom #2 is 13' x 12' = 156 sq. ft. for 1 resident  
 Resident Bedroom #3 is 13' x 12' = 156 sq. ft. for 2 residents  
 Resident Bedroom #4 is 13' x 15' = 195 sq. ft. for 1 resident  
 Resident Bedroom #5 is 13' x 17' = 221 sq. ft. for 2 residents

The living and dining room areas measure a total of 552 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate eight (8) residents. It is the responsibility of the licensee not to exceed the resident licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility have not changed. These policies were reviewed again as a part of this new application, and have been accepted as written. The applicant intends to continue providing 24-hour supervision, protection and personal care to residents of the program who are developmentally disabled. The program will include social interaction skills, personal hygiene and public safety skills as these are identified in the Assessment Plan and as the resident/responsible person prioritize at admission. Resident referrals will be made from Kent County Community Mental Health (Network 180). The licensee will ensure that all resident admissions are appropriate and that resident care needs can be met in the home.

If identified as a need in the written assessment, and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and with the prior approval of the resident, guardian, or the responsible person.

The applicant will work with local transportation providers to assure that residents have transportation to a day program, school program, or employment. The applicant will work with the resident, guardian, responsible person, and case manager to assure that residents have transportation to medical and/or other appointments. The applicant will utilize local community resources as they are available and as residents are interested in participating in them.

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

Thresholds Incorporated is a licensed non-profit corporation currently in good standing with the State of Michigan. Documents related to this corporation, including articles of incorporation are maintained in the corporate file. Thresholds Inc. currently operates a number of other licensed adult foster care homes in the greater Grand Rapids area and has been in existence for over twenty years.

Financial capability and responsibility was determined through a review of the home's budget, as well as contracts provided by Kent County Community Mental Health (Network 180). Network 180 will provide the majority of the funding for this program.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The designee/administrator submitted a medical clearance request with a statement from a physician documenting his good health and current TB-tine results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this eight-bed facility is adequate and includes a minimum of 2 staff to 8 residents during all shifts. If residents are accepted that require a higher level of staffing, the facility is committed to meeting this need.

The licensee designee 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 a part of the staff-to-resident ratio.

The licensee designee acknowledges 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 Michigan Long Term Care Partnership website ([www.mltpartnership.org](http://www.mltpartnership.org)), Identix, and records required to maintain in each employee record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee acknowledges his 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 licensee acknowledges his responsibility to maintain a current employee record on file and in the home for the licensee designee/administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee acknowledges an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee designee indicated that it is his intention to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee has indicated his intention to achieve compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The licensee designee acknowledges his 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 licensee designee 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 medium group home (capacity 8).



04/10/2007

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Jerry Hendrick  
Licensing Consultant

Date

Approved By:



04/10/2007

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Christopher J. Hibbler  
Area Manager

Date