



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

June 1, 2007

Sakshaug Warren E and Sakshaug Marietta L  
9371 Westview Dr.  
Byron Center, MI 49315

RE: Application #: AF410290158  
Sakshaug Group Home  
9371 Westview Dr.  
Byron Center, MI 49315

Dear Sakshaug Warren E and Sakshaug Marietta L:

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, please feel free to contact the local office at (616) 356-0100 or (231) 922-5309.

Sincerely,

Grant Sutton, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0117

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410290158
<b>Applicant Name:</b>	Sakshaug Warren E and Sakshaug Marietta L
<b>Applicant Address:</b>	9371 Westview Dr. Byron Center, MI 49315
<b>Applicant Telephone #:</b>	(616) 877-4131
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Sakshaug Group Home
<b>Facility Address:</b>	9371 Westview Dr. Byron Center, MI 49315
<b>Facility Telephone #:</b>	(616) 877-4131
<b>Application Date:</b>	04/27/2007
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

04/27/2007	Enrollment
05/14/2007	Inspection Report Requested - Health 1012361
05/14/2007	File Transferred To Field Office Grand Rapids
05/16/2007	Comment app rec'd in GR
05/17/2007	Application Incomplete Letter Sent
05/21/2007	Inspection Completed Health - A
05/23/2007	Contact - Telephone call received Questions from applicant(s)
05/30/2007	Application Complete/On-site Needed
05/30/2007	Inspection Completed On-site
05/31/2007	Inspection Completed On-site Follow up
05/31/2007	Inspection Completed BFS – Full Compliance
05/31/2007	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a multi-story home located on a private road in rural Byron Center in a neighborhood of similarly constructed homes. The main floor consists of a living room, kitchen, dining room, 3 bedrooms, staff office, 2 full bathrooms and a half bathroom, and the laundry room. The lower, walkout level consists of 3 bedrooms, 1 full bathroom, a recreation room, storage room, storm shelter, and utility/furnace room. The lower level has an egress exit. A qualified furnace installer inspected the furnace when the facility was purchased the last year. A 1  $\frac{3}{4}$  - inch solid core door was installed with an automatic self closer to the heat plant. Battery operated, single station smoke detectors have been installed on each floor as well as hard-wired smoke detectors on each floor.

The living space for residents meets the rules and requirements for an Adult Foster Care Family Home. The specific dimensions for 2 resident bedrooms is as follows:

Lower Level:

Bedroom #1 is 11' x 15' = 165 sq. ft. for 2 residents

Bedroom #2 is 10' x 14' = 140 sq. ft. for 2 residents

The living room, dining room, and recreation areas measure a total of 1,008 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The applicants and their family will use the remaining 3 bedrooms on the main floor and 1 bedroom on the lower level.

The facility is not wheelchair accessible.

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

This home has never been licensed as an adult foster care facility but is currently licensed as a child foster care facility.

## **B. Program Description**

The Sakshaug Group Adult Foster Care Home will provide 24-hour supervision, protection, and personal care to four (4) adult men (over the age of 18) who have a developmental disability and/or who have a physical disability (but are ambulatory). The resident area is not wheelchair accessible. The licensees will accept referrals from the local Community Mental Health Board, network 180. The licensees have many years of experience working with the population identified.

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

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

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

The applicants, Warren E and Marietta L Sakshaug and their 6 children will reside in the facility. The licensees' children, including foster children, range in age from 13 - 23 years of age.

The applicants have sufficient financial resources to provide for the adequate care of the family and residents as evidenced by contracts for children's foster care for their 4 foster children and anticipated income from Adult Foster Care residents, one of whom is aging out of the children's foster care system and already residing in the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants. The applicant, the responsible person, and the licensee's children 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 four (4) 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 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](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 been determined competent by the licensees, 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 acknowledge their 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensees, 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 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 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 intend to comply.

The applicants acknowledge their 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 applicants acknowledged 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

I recommend issuance of a temporary license to this adult foster care family home (capacity 4).



06/01/2007

Grant Sutton  
Licensing Consultant

Date

Approved By:



06/01/2007

Christopher J. Hibbler  
Area Manager

Date