



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

June 15, 2007

Sandy Ambrus  
12955 68th St. SE  
Alto, MI 49302

RE: Application #: AM410281990  
Sandy's Country AFC  
12955 68th St. SE  
Alto, MI 49302

Dear Ms. Ambrus:

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa Avenue, N.W.  
Grand Rapids, MI 49503-2337  
(616) 356-0111

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410281990
<b>Applicant Name:</b>	Sandy Ambrus
<b>Applicant Address:</b>	12955 68th St. SE Alto, MI 49302
<b>Applicant Telephone #:</b>	(616) 868-0001
<b>Administrator/Licensee Designee:</b>	Sandy Ambrus
<b>Name of Facility:</b>	Sandy's Country AFC
<b>Facility Address:</b>	12955 68th St. SE Alto, MI 49302
<b>Facility Telephone #:</b>	(616) 868-0001
<b>Application Date:</b>	02/23/2006
<b>Capacity:</b>	12
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

02/23/2006	Enrollment
02/27/2006	Inspection Report Requested - Health
02/27/2006	Inspection Report Requested - Fire
03/17/2006	File Transferred To Field Office Grand Rapids
03/20/2006	Inspection Completed-Env. Health : A
04/13/2006	Contact - Document Sent Environmental Health report sent from Grand Rapids field office to assigned AFC Licensing consultant in Lansing.
05/17/2006	Comment Received file - Grand Rapids
05/17/2006	Application Incomplete Letter Sent
08/18/2006	Application Incomplete Letter Sent
10/05/2006	Contact - Document Received Received property tax statement and zoning document
03/06/2007	Contact - Document Received
04/11/2007	Application Incomplete Letter Sent
05/10/2007	Inspection Completed-Fire Safety : D
05/15/2007	Contact - Document Received Applicant hand delivered requested documents
05/15/2007	Application Complete/OFS Needed
05/22/2007	Inspection Completed-Fire Safety : A
05/25/2007	Inspection Report Requested - Health
06/07/2007	Inspection Completed-Env. Health : A

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The facility is a ranch with a walk out lower level located in rural Alto. The applicant was operating a six-bed adult foster care family home at this address and received zoning approval to increase the resident capacity to twelve. The main floor consists of a kitchen, dining room, living room, six resident-approved bedrooms and the owner's private living space and bedrooms. The living room includes a television/sitting area. The basement is approved for resident use but not to be used to establish resident bedrooms. The facility is equipped with an interconnected, hardwire smoke alarm system, with battery back up and is fully operational. An interior fire suppression system (sprinklers) is also present. The facility is not wheelchair accessible.

Bedrooms were measured and have the following dimensions:

##### Main Floor:

Resident room #1 (north side/east) is 13'10" x 11'3" = 155.58 sq. ft for 2 residents

Resident room #2 (north side/middle) is 15'8" x 9'9" = 152.68 sq. ft. for 2 residents

Resident room #3 (north side/west) is 15'2" X 9'6" = 144.15 sq. ft. for 2 residents

Resident room #4 (south side/east) is 15' x 9'8" = 144.9 square feet for 2 residents

Resident room #5 (south side/middle) is 15'8" x 9'6" = 148.77 square feet for 2 residents

Resident room #6 (south side/west) is 15'2"x 9'6" = 144.11 square feet for 2 residents

The living and dining room areas measure a total of 686.10 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee's responsibility to not exceed the capacity of the license.

#### **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 12 men and/or women who have a diagnosis of a developmental disability and/or a mental illness and/or physically handicapped. The facility is not wheelchair accessible so individuals who are in wheelchairs are not to be admitted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as these needs are identified in the Assessment Plan and as the resident/responsible person prioritize at admission. Resident referrals will be made primarily from Kent County CMH contract agencies. However, private pay placements will be considered.

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.

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

The applicant is Sandy J. Ambrus. Ms. Ambrus previously held a 6-bed family home license at this 12955 68<sup>th</sup> Street SE address. The previous family home license was opened on 11/20/2004 and closed 06/14/2007. The applicant submitted a credit report, financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

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

Ms. Ambrus provided documentation to satisfy the qualifications and training requirements for both the licensee and the administrator as 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 1 staff to 12 residents while residents are awake and 1 staff to 12 residents during sleeping hours. If residents are accepted who require awake staff during the sleeping hours, then awake staff will be provided during the sleep hours.

The licensee 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 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 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.miltcpartnership.org](http://www.miltcpartnership.org)), Identix, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The licensee 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 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 acknowledges her 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 her 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 licensee 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 licensee indicated that it is her intent to achieve and maintain compliance with these requirements.

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

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

The licensee acknowledges her 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 her 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 small group home (capacity 1-12).



06/15/2007

Leon M. Hale  
Licensing Consultant

Date

Approved By:



06/15/2007

Christopher J. Hibbler  
Area Manager

Date