



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

June 25, 2007

Carla Wilkerson
Spectrum Community Services
3353 Lousma Dr. S. E.
Wyoming, MI 49548

RE: Application #: AS410289784
Blythefield Home
3485 Rogue River Rd. NE
Belmont, MI 49306

Dear Ms. Wilkerson:

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 5 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 the Traverse City office at (231) 922-5309.

Sincerely,

Arlene Smith, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0116

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410289784

Applicant Name: Spectrum Community Services

Applicant Address: 3353 Lousma Dr. S. E.
Wyoming, Michigan 49548

Applicant Telephone #: (616) 241-6258

Administrator/Licensee Designee: Carla Wilkerson, Designee

Name of Facility: Blythefield Home

Facility Address: 3485 Rogue River Rd. NE
Belmont, MI 49306

Facility Telephone #: (616) 447-9380

Application Date: 04/18/2007

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/18/2007	Enrollment
04/23/2007	Application Incomplete Letter Sent 1326 for Carla Wilkerson
05/07/2007	Contact - Document Received 1326 for Carla Wilkerson
05/09/2007	File Transferred To Field Office Grand Rapids
05/11/2007	Comment app rec'd in GR
05/11/2007	Application Incomplete Letter Sent
06/20/2007	Application Complete/On-site Needed
06/20/2007	Inspection Completed On-site
06/20/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a residential neighborhood in Belmont, Michigan. It is located within 10 minutes of shopping, recreation, hospital services, pharmacist, physician and ambulance. The home is a wood framed structure with a ranch style design with 1,620 square feet of living space and sits on a large lot. The home has an attached garage. The home has three bedrooms, two complete bathrooms, modern kitchen, office space, dining area, living room, and a laundry room, all located on the main floor. The furnace and hot water heater are located in the basement in an enclosed furnace room with a self-closing solid wood core 1 ¾ door. The basement is not licensed for regular resident use. The facility is equipped with an interconnected, hardwire smoke alarm system, with battery back up and is fully operational. The home is wheelchair accessible with two approved ramps, one off the front door and one off the back door, off the attached wooden porch.

The bedrooms were measured and have the following dimensions:

Resident bedroom # 1 measures 9' 2 ½ " x 10' 11" =100.13 square feet for 1 residents.
Resident bedroom # 2 measures 11' 6 ½ " x 14' 3" = 163.87 square feet for 2 residents.
Resident bedroom # 3 measures 9' 9 ½" x 14' 5" = 140.59 square feet for 2 residents.

The living and dining room areas measure a total of 640.57 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 five (5) 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 for five (5) individuals men and/or women who have a diagnosis of a developmental disability and are 18 years and older who have multiple handicaps and/or a level of self-care or socialization skill development, which requires training to provide individualized treatments. The home is wheelchair accessible so individuals who are in wheelchairs can be admitted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as their needs are identified in the Assessment plan as the resident/responsible person prioritizes at admission. Resident referrals will be made primarily from network 180.

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.

Transportation will be provided by the agency as well as the supports coordination. The agency is contracted with network 180. The agency will provide for the following services: Psychological, Behavioral Support Services, Physical Therapy Services, Occupational Therapy and Speech Therapy Services. The direct care staff will be professionally trained to provide 24-hour awake staff and adequate staffing ratios.

The agency has applied for Certifications for a specialized program for providing care for Persons with Developmental Disabilities.

Applicant and Administrator Qualifications

The applicant is Spectrum Community Services and is a Michigan nonprofit corporation that formed in Michigan, on 11/18/1988. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Spectrum Community Services has submitted documentation appointing Carla Wilkerson as Licensee Designee and as the Administrator of the 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 his good health and current TB-tine negative 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 the original license of this 5-bed facility is adequate and includes a minimum of 2 staff to 5 residents while residents are awake and 1 staff to 5 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 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 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), Identix, and the related documents required to be maintained in each employee’s 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 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 licensee designee acknowledges his responsibility to maintain a current employee record on file 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 resident rights and providing them with a copy of those rights. The licensee designee indicated that it is his intent 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 and maintain compliance with 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 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 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 small group home (capacity 1-6).



06/22/2007

Arlene Smith
Licensing Consultant

Date

Approved By:



06/25/2007

Christopher J. Hibbler
Area Manager

Date