



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

August 13, 2007

Laura Alexander
1316 Elliott St. SE
Grand Rapids, MI 49507

RE: Application #: AF410287362
Urban PALS
1316 Elliott St. SE
Grand Rapids, MI 49507

Dear Ms. Alexander:

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 3 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 (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 #:	AF410287362
Applicant Name:	Laura Alexander
Applicant Address:	1316 Elliott St. SE Grand Rapids, MI 49507
Applicant Telephone #:	(616) 516-1243
Administrator/Licensee Designee:	N/A
Name of Facility:	Urban PALS
Facility Address:	1316 Elliott St. SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 452-8375
Application Date:	11/29/2006
Capacity:	3
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED, AGED

II. METHODOLOGY

11/29/2006	Enrollment
12/06/2006	Application Incomplete Letter Sent
07/16/2007	Application Complete/On-site Needed
07/16/2007	Inspection Completed On-site
07/16/2007	Inspection Completed-BFS Sub. Compliance
07/17/2007	Application Incomplete Letter Sent
08/08/2007	Inspection Completed On-site
08/08/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The family home is located in a residential neighborhood in the city of Grand Rapids. The home's main floor contains an entry foyer, kitchen, dining room, living room, ½ bathroom, office and a sunroom. The second floor contains 3 resident bedrooms, a full bathroom. The applicant and her husband will be in the master bedroom located on the second floor.

The furnace and hot water heater are located in the basement in an enclosed room, which has been constructed with 5/8-inch drywall on either sides of the studs and 5/8-inch dry wall on the ceiling. The ceiling was completely sealed. There is a 1-¾ inch solid wood core door with an automatic self-closing device on the enclosed room with positive-latching hardware. The home is equipped with battery operated single station smoke detectors, which have been installed on each floor.

The home is not wheelchair accessible.

The bedrooms were measured and have the following dimensions:

Bedroom # 1 on the second floor measured 11' x 9' = 99 square feet for one resident.
Bedroom # 2 on the second floor measured 12' 11" x 10" by 2' 10" x 3' 8" = 124.44 square feet for one resident.
Bedroom # 3 on the second floor measured 12' 5 ½ " x 9' 10 ½ " = 122.08 square feet for one resident.

The living room, dinning room and the sunroom measured 540 square feet, which is more than sufficient for the proposed number of residents.

Based on the above information it is concluded that this facility has sufficient space to accommodate the three (3) requested residents. It is the responsibility of the Licensee to not exceed the adult foster care family home's licensed resident capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to three (3) ambulatory, male and female adults whose diagnosis is developmentally disabled, or aged. 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 individual 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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers.

The applicant has applied for Certifications for a specialized program for providing care for Persons with Developmental Disabilities and Mentally Ill.

C. Rule/Statutory Violations

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant, Laura Alexander. The applicant and responsible person submitted medical clearance request forms with statements from a physician documenting their health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by her projected income from caring for AFC residents along with her consulting business. The applicant will be living in the home with her husband.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant 24 hours a day and 7 days a week with the responsible person(s) on call to provide supervision and relief.

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 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges her 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 applicant acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, responsible person(s), or volunteer(s) and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges her 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 applicant acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, responsible person(s), or volunteer(s) 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 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 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 her 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant 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 applicant was informed of those rules related to the handling and accounting of resident funds and valuables and intends to comply.

The applicant acknowledges her 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 applicant 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 AFC adult family home (capacity 1-3).



08/13/2007

Arlene Smith
Licensing Consultant

Date

Approved By:



08/13/2007

Christopher J. Hibbler
Area Manager

Date