



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 6, 2008

Rose Shimp
1509 Hamilton NW
Grand Rapids, MI 49504

RE: Application #: AF410293396
Shimp's Care 4 U
1509 Hamilton NW
Grand Rapids, MI 49504

Dear Ms. Shimp:

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 at (231) 922-5309.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau 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
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF410293396
Applicant Name:	Rose Shimp
Applicant Address:	1509 Hamilton NW Grand Rapids, MI 49504
Applicant Telephone #:	(616) 356-1604
Administrator/Licensee Designee:	N/A
Name of Facility:	Shimp's Care 4 U
Facility Address:	1509 Hamilton NW Grand Rapids, MI 49504
Facility Telephone #:	(616) 356-1604
Application Date:	10/25/2007
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

10/25/2007	Enrollment
10/29/2007	Application Incomplete Letter Sent 1326 for applicant & Page 3 of application sent back for completion
11/05/2007	Contact - Document Received 1326 and Completed Page 3 of application
11/26/2007	Application Complete/On-site Needed
11/26/2007	File Transferred To Field Office Grand Rapids
11/28/2007	Comment App. rec'd in GR
12/05/2007	Application Incomplete Letter Sent
01/09/2008	Inspection Completed On-site
01/09/2008	Inspection Completed-BFS Sub. Compliance
01/09/2008	Confirming Letter Sent
02/29/2008	Inspection Completed On-site Re-inspection
02/29/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home conveniently located on the west side of Grand Rapids within the city. The main floor consists of the living and dining rooms, the kitchen, a full bathroom, and a bedroom that is used for family or guests. The second floor has the licensee's bedroom, two (2) resident bedrooms, a full bathroom, and a spare room that the licensee plans to make into a laundry room. There is a third floor attic and a basement, neither of which are licensed for resident use.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the basement steps. Battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, and in the basement near the furnace.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	14' x 10'	140 sq. ft.	2
#2	16' x 10'	160 sq. ft.	2

The living, dining, and sitting room areas measure a total of 388 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to four (4) ambulatory residents, whose diagnosis is aged or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant, Rose Shimp has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee shall reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for 4 residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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 an understanding of the administrative rules regarding medication procedures. In addition, the applicant 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 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, or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge 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 the 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 their 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 their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary six-month license to this AFC adult family home (capacity 4).



March 6, 2008

Grant Sutton
Licensing Consultant

Date

Approved By:



March 6, 2008

Christopher J. Hibbler
Area Manager

Date