



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

May 5, 2008

Cheryl Smithe  
15585 24th Avenue  
Marne, MI 49435

RE: Application #: AS700294053  
Meadow Shores  
O-320 Jodie Court, N.W.  
Grand Rapids, MI 49534

Dear Mrs. Smithe:

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 6 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  
Bureau 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  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS700294053
<b>Applicant Name:</b>	Cheryl Smithe
<b>Applicant Address:</b>	15585 24th Avenue Marne, MI 49435
<b>Applicant Telephone #:</b>	(616) 299-1145
<b>Administrator/Licensee Designee:</b>	Diane Smithe
<b>Name of Facility:</b>	Meadow Shores
<b>Facility Address:</b>	O-320 Jodie Court, N.W. Grand Rapids, MI 49534
<b>Facility Telephone #:</b>	(616) 299-1145
<b>Application Date:</b>	12/13/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

12/13/2007	Enrollment
12/18/2007	File Transferred To Field Office Grand Rapids
12/20/2007	Comment Received in Grand Rapids
01/15/2008	Application Incomplete Letter Sent
02/13/2008	Inspection Completed On-site
03/11/2008	Contact - Document Received Received from applicant
03/11/2008	Application Incomplete Letter Sent
03/14/2008	Inspection Completed On-site
03/25/2008	Contact - Document Received Received from applicant
03/26/2008	Application Incomplete Letter Sent
04/25/2008	Contact - Document Received Received from applicant
04/25/2008	Application Incomplete Letter Sent
05/01/2008	Contact - Document Received Received from applicant

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

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

This two-story building with a full basement is located in a residential area. The house is newly constructed. Although the mailing address is for Grand Rapids the facility is in Ottawa County.

The living room, dining room, kitchen, and one bathroom are located on the main floor. Three resident bedrooms and a full bathroom are located on the 2<sup>nd</sup> floor. Bedroom #3 is equipped with a private bathroom. The furnace and hot water heater are located in the basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up,

and is fully operational. The facility is not approved for residents who require the assistance of wheelchairs and the basement is not approved for resident use.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 14' and 7' x 2'	154	2
2	13' x 13'	169	2
3	15' x 13'	195	2

The living and dining room areas measure a total of 462 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male and female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. 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 social and behavioral developmental needs. Referrals for placement will be accepted from Ottawa County CMH and Network 180 (Kent County CMH) contract agencies.

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, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant, Cheryl Smithe has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed and the applicant and administrator were found to be acceptable. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. Awake staff are not available during sleeping hours.

The applicant 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 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](http://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 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 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 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 applicant acknowledges their 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 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 applicant acknowledges 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.


The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **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 license to this AFC adult small group home (capacity 1-6).



05/05/2008

Leon M. Hale  
Licensing Consultant

Date

Approved By:



05/05/2008

Christopher J. Hibbler  
Area Manager

Date