



JENNIFER M. GRANHOLM  
GOVERNOR

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



ISMAEL AHMED  
DIRECTOR

May 20, 2008

James and Maya Baroi  
3979 140th Ave.  
Holland, MI 49424

RE: Application #: AF700294823  
Troast Care  
3979 140th Ave.  
Holland, MI 49424

Dear Mr. and Mrs. Baroi:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Jerry Hendrick, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 356-0112

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF700294823
<b>Applicant Name:</b>	James and Maya Baroi
<b>Applicant Address:</b>	3979 140th Ave. Holland, MI 49424
<b>Applicant Telephone #:</b>	(616) 994-7309
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Troast Care
<b>Facility Address:</b>	3979 140th Ave. Holland, MI 49424
<b>Facility Telephone #:</b>	(616) 994-7309
<b>Application Date:</b>	02/20/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## **II. METHODOLOGY**

02/20/2008	Enrollment
02/25/2008	Application Incomplete Letter Sent Page 3 of application and 1326
03/05/2008	Contact - Document Received Completed Application
03/06/2008	Application Complete/On-site Needed
03/06/2008	File Transferred To Field Office Grand Rapids
03/10/2008	Comment Application received in GR
03/11/2008	Application Incomplete Letter Sent
04/29/2008	Inspection Completed On-site
04/29/2008	Inspection Completed-BFS Full Compliance

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

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

This facility is a well maintained bi-level single-family residence located in a suburban neighborhood of similarly sized and maintained properties and has been previously licensed for adult foster care for the past three years. The lower level of the home includes four bedrooms, which will be used by residents. This level also includes a bathroom, living room, and dining area. The applicants will use the upper level of this home. This level includes three bedrooms, a bathroom, living room, and kitchen with dining area.

The furnace is located in a crawl space under the home, and hot water heater is located in a lower level "utility room" and is separated from the other areas of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped battery powered, single station smoke detectors that have been installed near sleeping areas and in the living room. Fire extinguishers are installed on each floor of the home.

The facility is not barrier free and therefore, not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	13' 6" x 7' 6"	101	1
Bedroom 2	10' 10" x 9'	98	1
Bedroom 3	12' 10" x 11' 8"	148	2
Bedroom 4	12' 8" x 11' 8"	146	2

The living, dining, and sitting room areas measure a total of 381 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**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) 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 applicants, James and Maya Baroi. The applicants and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicants have 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 applicants acknowledged the understanding of the requirement of an adult foster care family home is that the licensee resides 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 ( 6 ) 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 applicants acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicants 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 applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants have 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 applicants acknowledged their 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 applicants acknowledges their 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 applicants acknowledged 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 applicants acknowledged 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 applicants acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicants indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicants acknowledged 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 applicants have 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 applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The applicants acknowledged their 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 applicants acknowledged 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.

#### **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 adult foster care family home for a capacity of 1-6.



05/20/2008

Jerry Hendrick  
Licensing Consultant

Date

Approved By:



05/20/2008

Christopher J. Hibbler  
Area Manager

Date