



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

January 8, 2003

Christopher McCoy
25 Terrace
Battle Creek, MI 49015

RE: Application #: AM130095549
Rhema Home AFC
108 West Street
Battle Creek, MI 49017

Dear Mr. McCoy:

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 7 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Betsy Montgomery, Area Manager, at (517) 780-7656.

Sincerely,

Chuck Wisman, Licensing Consultant
Bureau of Family Services
Suite 200
209 E Washington
Jackson, MI 49201
(517) 780-7548

enclosure

cc: Calhoun Co. CMH (Summit Pointe), 300 B. Drive North, Albion, MI 49224

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AM130095549

Applicant Name: Christopher McCoy

Applicant Address: 25 Terrace
Battle Creek, MI 49015

Applicant Telephone #: (616) 965-4837

Administrator Christopher McCoy

Name of Facility: Rhema Home AFC

Facility Address: 108 West Street
Battle Creek, MI 49017

Facility Telephone #: (616) 209-0273

Application Date: 01/16/2001

Capacity: 7

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

Licensing for this facility is based upon Public Act 218 and the administrative rules for small group homes effective May 24, 1994.

This investigation included a review of the application forms and supporting documents, applicant references, processed licensing record and medical clearances, applicant financial reports, fire safety inspection report, environmental inspection report, admission and program policies, written notices of corrective action, and on-site licensing inspections. The fire safety and environmental inspection reports, applicant references, and licensing clearances were reviewed by central office. Significant dates of contact and inspections were as follows,

10/18/1999	Inquiry
01/16/2001	Enrollment
01/23/2001	Inspection Report Requested - Health
02/01/2001	Inspection Report Requested - Fire
02/05/2001	Inspection Completed-Env. Health : C
04/26/2001	Contact - Document Received
08/01/2001	Inspection Completed On-site
04/15/2002	Contact - Document Sent 12 month no activity letter
04/30/2002	Contact - Document Received Response to 12 month no activity letter.
07/16/2002	Contact - Telephone call received Ms. Ford said ready for final on-site inspection.
07/22/2002	Inspection Report Requested - Health
07/23/2002	Contact - Document Sent Notice of documents that still need to be submitted.
07/23/2002	Contact - Telephone call made Explained 7-23-02 letter sent to Mr. McCoy.
08/08/2002	Inspection Completed-Env. Health : A
09/16/2002	Inspection Completed-Fire Safety : A

10/09/2002	Contact - Telephone call made
10/11/2002	Contact - Document Sent explained documents still needed
10/15/2002	Inspection Completed On-site
12/17/2002	Comment Deleted Barbara J. Ford from applicant per request from Christopher McCoy.
01/06/2003	Contact - Telephone call made Numerous telephone calls to applicant regarding required information

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This licensing study report was completed by this consultant without the benefit of an on-site inspection. On-site inspections were conducted by two previous consultants, one of whom retired and the other from whom the licensing record was transferred to this consultant as part of a bureau reorganization.

The facility is a two-story home built approximately in the 1950's. The home is sided in wood and painted green. It has a full basement. The first floor of the facility contains a ½ bath, full kitchen, living room and dining room. According to a previous consultant's notes, the first floor living area measures approximately 373 square feet which consists of a large living room and a separate dining area. According to the licensee, the front entrance of the facility has five steps from ground level to the first floor; therefore, the facility does not have a "street floor" as defined by the licensing rules.

The 2nd floor of the facility contains two full bathrooms. All resident bedrooms are located on the 2nd floor; therefore, residents with impaired mobility cannot be admitted or remain in the facility. They are located and measure as follows:

Southwest corner bedroom:	17' X 13'7" = 232 sq. ft.	(2)*
Southeast corner bedroom:	13'5" X 11'9" = 158 sq. ft.	(2)
Northeast corner bedroom:	10'9" X 12'1" = 130 sq. ft.	(2)
Northwest corner bedroom:	11'3" X 9'8" = 109 sq. ft.	(1)

* () Denotes the number of licensed beds

Ownership of the facility was determined by review of a tax assessment notice from the Battle Creek City Assessor which is contained in the licensing record.

2. Sanitation:

The facility is served by city water and sewer. The Calhoun County Health Department conducted an environmental health inspection of the facility on August 8, 2002, and “determined the facility to be in substantial compliance with applicable rules.”

Garbage service is provided directly by the licensee. He understands his obligation to remove garbage from the premises at least weekly.

3. Fire Safety:

A fire safety inspection was conducted on September 16, 2002, by the Office of Fire Safety, and the facility received a full approval certification. The facility has a hard-wired smoke detection system and is fully sprinkled.

The facility is heated by two steam boilers located in the basement of the facility.

4. Zoning:

A special use permit was granted for this facility to the licensee on December 4, 2001, by the city of Battle Creek.

B. Program Description

1. Administrative structure & capability:

The licensee, Christopher McCoy, is the sole licensee for this facility. The facility is licensed to care for female residents who are mentally ill or developmentally ill. According to the Program Statement for the facility,

Rhema Home AFC will provide services that will maintain and improve a resident’s physical and intellectual functioning and independence. Rhema Home AFC will ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization. Rhema Home AFC will provide supervision, protection, and personal care as defined in the act and as specified in the resident’s written assessment plan.

Rhema Home AFC will assure the availability of transportation services as provided for in the resident care agreement.

The licensee has indicated the facility will be accepting referrals of residents from Summit Pointe, the community mental health agency for Calhoun County. The licensee does not have a formal contract with Summit Pointe.

The licensee has established written policies regarding admission, program provisions, discharge, house rules, personnel, direct care qualifications, and refunds.

The licensee has indicated a staffing pattern which includes one sleep staff during third shift.

2. Qualifications and competencies:

According to the licensing record, the licensee has obtained a Bachelor of Science degree from Michigan State University in the College of Agriculture and Natural Resources. He has further obtained training in medication administration, basic health issues, universal precautions, nutrition & kitchen safety, person-centered planning, customer rights, standard first aid, and CPR. According to the submitted documentation, the licensee has had previous experience with the identified resident population.

The licensee's financial documentation and credit report indicated compliance with the rules regarding financial stability and capability.

3. Facility and employee records:

The licensee's documentation was reviewed in the process of completing the licensing study report. It was determined the required records were complete. According to the licensee, the employee records will be maintained in the facility. As of the date of this licensing study report, no employees have yet been hired, but the licensee is aware of the training and documentation requirements for direct care employees.

IV. CONCLUSIONS:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

