



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

May 8, 2006

Carla Wilkerson
Spectrum Community Services
1348 Front Ave N.W.
Grand Rapids, MI 49504

RE: Application #: AS410281933
22 - Mile Home
2200 22 - Mile Rd.
Sand Lake, MI 49343

Dear Ms. Wilkerson:

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, please feel free to contact the local office at (616) 356-0100 or the Traverse City office at (231) 922-5309.

Sincerely,

Arlene B. Smith

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 #: AS410281933

Applicant Name: Spectrum Community Services

Applicant Address: 1348 Front Ave. NW
Grand Rapids, MI 49504

Applicant Telephone #: (616) 454-7077

Administrator/Licensee Designee: Carla Wilkerson, Designee and Administrator

Name of Facility: 22 - Mile Home

Facility Address: 2200 22 - Mile Rd.
Sand Lake, MI 49343

Facility Telephone #: (616) 636-8920

Application Date: 02/16/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

| | |
|------------|--|
| 02/16/2006 | Enrollment |
| 02/21/2006 | Inspection Report Requested – Health |
| 02/21/2006 | File Transferred To Field Office |
| 02/23/2006 | Contact - Document Received, Original Packet received this date. |
| 02/24/2006 | Application Incomplete Letter Sent |
| 04/21/2006 | Inspection Completed-Env. Health : A |
| 05/03/2006 | Application Complete/On-site Needed |
| 05/03/2006 | Inspection Completed On-site |
| 05/03/2006 | Application received Special Certification |
| 05/05/2006 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in rural Kent County outside of Sand Lake, Michigan. It is located within 15 minutes of shopping, recreation, pharmacist, physician and ambulance and 30 minutes from hospital services.

The large ranch style home is designed with 2880 square feet of living space and is located on a 5.4 acre lot. The home has two attached garages. It also has six individual bedrooms, four complete bathrooms, two kitchens, two living rooms, two dining rooms, an office and two laundry rooms. The home has four exits leading directly to the outside. The home has exceeded the required living space for six residents.

Resident bedroom # 1 measures 9 feet, 6 ½ inches by 10 feet and 2 inches. Resident bedroom # 2 measures 11 feet, 5 ½ inches by 13 feet and 5 inches. Resident bedroom # 3 measures 9 feet, 6 inches, by 13 feet, 5 inches. Resident bedroom # 4 measures 12 feet, 5 inches, by 10 feet, 5 ½ inches. Resident bedroom # 5 measures 15 feet, 9 ½ inches by 12 feet, 10 inches. Resident bedroom # 6 measures 11 feet, 7 inches by 10 feet, 7 inches. The bedrooms exceed the required square footage.

B. Program Description

Spectrum Community Services plans to serve six Developmentally Disabled adults who are 18 years and older who have a history of sexual offending. These individuals will be accepted through contracts with Network 180. The residents have needs with socialization skill development which requires training to provide individualized treatment plans that will include: Self-care skills, communication, motor skills, social skills, cognitive daily living skills, (housekeeping, survival skills), and family recreation in a 24 hour supervised living environment. The program focuses on normalizing life patterns and each individual achieving his maximum potential while living as independently as possible and reintegrating back into the community. The residents may also have secondary health disorders such as: seizures, coronary disease and have a history of aggressive behaviors, which include self-abuse, physical abuse or property destruction and elopement. All who reside in this program are required and encouraged to participate in a structured day program. The home will be an alternative setting to institutionalization to provide long term care with the goal for a lesser restrictive environment and to increase the person's daily living skills to his fullest potential. A large emphasis is placed on behavior management for the individuals and to demonstrate appropriate behaviors for the situation involved.

Transportation will be provided by the agency as well as supports coordination. The agency is contracted with Network 180. The agency will provide for the following services: Psychological, Behavioral Support Services, Physical Therapy Services, Occupational Therapy and Speech Therapy Services. The direct care staff will be professionally trained to provide 24-hour awake staff and adequate staffing ratios.

The home staff plan to provide recreational activities including going to the park, community activities, camp, dinners, movies, amusement parks and they will encourage visitors including family members and friends.

The agency has applied for Certification for a specialized program for providing care for Persons with Developmental Disabilities.

C. Applicant and Administrator Qualifications

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

The administrator has 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- 3 residents per shift. The licensee indicated that all staff shall be awake 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 acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that FBI finger printing and the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

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.

C. Rule/Statutory Violations

The home was found in complete compliance with the administrative rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Arlene B. Smith

05/08/2006

Arlene Smith
Licensing Consultant

Date

Approved By:



05/08/2006

Christopher J. Hibbler
Area Manager

Date