



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

September 8, 2009

Dorothy Stokes
Maplewood Supportive Living, Inc.
#223
37637 W. 5 Mile Road
Livonia, MI 48154

RE: Application #: AS630295056
Maplewood Supportive Living, Inc.
21755 Maplewood Dr.
Southfield, MI 48033

Dear Ms. Stokes:

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 (248) 975-5053.

Sincerely,

Mildred Schwarcz, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 972-9131

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630295056
Applicant Name:	Maplewood Supportive Living Inc.
Applicant Address:	21755 Maplewood Dr. Southfield, MI 48033
Applicant Telephone #:	(734) 612-5957
Administrator/Licensee Designee:	Dorothy Stokes, Designee
Name of Facility:	Maplewood Supportive Living, Inc.
Facility Address:	21755 Maplewood Dr. Southfield, MI 48033
Facility Telephone #:	(734) 612-5957
Application Date:	03/06/2008
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/06/2008	Enrollment
07/01/2008	Application Incomplete Letter Sent
04/30/2009	Inspection Completed On-site
07/09/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a ranch style structure with a fully finished walk-out basement. The exterior walls consist of a faux brick system and vinyl siding. The interior is very spacious, nicely decorated and attractively furnished. The yard is nicely landscaped. There is adequate off street parking for staff and visitors.

The facility consists of the living room, four single occupancy bedrooms, one double occupancy bedroom, the dining room, the kitchen, one full bathroom with tub/shower, one full bathroom with shower, and one half bathroom. This facility is barrier free. The basement consists of the laundry area and the heating plant, in addition to the living area. The basement will not be occupied and is not approved for resident use. There are three fireplaces in the facility. The licensee stated these fireplaces will not be utilized.

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 stairs. There is a second furnace in the attic. A copy of the heating plant inspection is included in the file. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10"x16'4"	177	2
2	11'4"x15'	170	1
3	13'10"x11'8"	161	1
4	17'3"x12'	207	1
5	11'x12'6"	138	1

The living and sitting room areas measure a total of 646 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. Adults with traumatic brain injury would also be considered for placement in the facility. 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. Terms of referral and/or placement would be private pay or third party insurance. The applicant intends to seek referrals from Department of Human Services Adult Community Placement.

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 and/or guardian and/or 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 is Maplewood Supportive Living, Inc., which is a "Domestic For Profit Corporation". This license entity was established in Michigan, on 1/17/2008. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Maplewood Supportive Living, Inc. has submitted documentation appointing Dorothy Stokes as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed on 3/11/2008, for the licensee designee/administrator, Dorothy Stokes. The clearance revealed past criminal history. A good moral character assessment was conducted face-to-face on 6/16/2008. On 6/20/2008, a decision was made that the convictions should not be considered as a barrier to the Bureau of Children and Adult Licensing accepting Ms. Stokes as licensee designee/administrator for the proposed facility. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting her good health and current TB-tine negative results.

The licensee designee/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 six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. 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 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™ and the related documents required to be maintained in each employee’s 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.

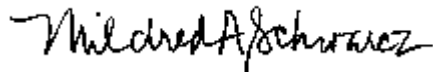
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in substantial 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 small group home (capacity 1-6).



09/08/2009

Mildred A. Schwarcz
Licensing Consultant

Date

Approved By:



09/08/2009

Christopher Hibbler
Area Manager

Date