



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

January 14, 2010

Kathleen Taylor
Consumer Services, Inc.
585 Jewett Rd.
Mason, MI 48854

RE: Application #: AS780304830
Matthews Home
1016 Wood Ct.
Owosso, MI 48867

Dear Ms. Taylor:

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 (517) 241-2585.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909-8150
(517) 335-6084

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780304830
Applicant Name:	Consumer Services, Inc.
Applicant Address:	585 Jewett Rd. Mason, MI 48854
Applicant Telephone #:	(517) 833-8100
Licensee Designee:	Kathleen Taylor
Administrator:	Cheryl Travis
Name of Facility:	Matthews Home
Facility Address:	1016 Wood Ct. Owosso, MI 48867
Facility Telephone #:	(989) 723-3554 09/23/2009
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/23/2009	Enrollment
12/03/2009	Inspection Completed On-site
01/12/2010	Inspection Completed-BFS Full Compliance
12/03/2010	Exit Conference
1/12/2010	Phone call with applicant

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is currently licensed as an adult foster care facility. This original study report is being completed due to the sale of this facility to a new corporation and a change of licensee.

This facility is a single story ranch-style building located in the city of Owosso, Shiawassee County, Michigan. The mechanical room containing the furnace and hot water heater for this facility is located in the garage area of the facility. The mechanical room has a self-closing solid core door that is 1 3/4 inches thick. The furnace and hot water heater have recently been inspected and are in mechanically sound condition. There are fire extinguishers located on each floor of this facility, and the smoke detectors are hard wired and interconnected.

This facility is equipped with a ramp for wheel chair accessibility. This facility has the following rooms;

- 1) Full Kitchen
- 2) Laundry room
- 3) Staff office
- 4) Attached two car garage
- 5) Dining room measuring 136 sq. ft.
- 6) Family room measuring 290 sq. ft.
- 7) Living room measuring 195 sq. ft.
- 8) Two full bathrooms located on each side of the hallway containing the resident bedrooms.
- 9) Four Resident Bedrooms:
 - a) Bedroom #1 measures 159 sq. ft. and will have two resident beds.
 - b) Bedroom #2 measures 159 sq. ft. and will have one resident bed.
 - c) Bedroom #3 measures 165 sq. ft. and will have two resident beds.
 - d) Bedroom #4 measures 180 sq. ft. and will have one resident bed.

B. Licensee Designee and Licensee Designee/ Administrator Qualifications

This facility is being purchased by Consumer Services Inc. who also owns and operates other licensed adult foster care facilities in Michigan. The board of Consumer Services Inc. has named Kathleen Taylor as the licensee designee and Cheryl Travis as the facility administrator.

Kathleen Taylor has been employed as the Chief Executive Officer of Consumer Services Inc. for six years and has 20 years of experience working with the populations that will be accepted into this facility. Ms. Taylor is also a Licensed Master Social Worker.

Cheryl Travis has eight years of experience working with the populations that will be placed in this facility and meets the licensing requirements for facility administrator.

A search of the Law Enforcement Information Network did not identify any criminal convictions recorded for the licensee designee or administrator. The licensee designee and administrator submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the licensee 24 hours a day / 7 days a week.

The licensee designee acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

The licensee designee 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™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee designee 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 licensee designee acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, the licensee

designee acknowledges her responsibility to maintain a current employee record on file in the home for the licensee designee, administrator or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

The licensee designee acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The licensee designee acknowledges 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 licensee designee 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 licensee designee indicated that it is her intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledges 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 licensee designee has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges her 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 licensee designee 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. Program Description

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services to developmentally disabled, physically handicapped and mentally ill. This facility will admit both males and female over the age of 18 years. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical treat to self or others, does not require 24 hour

nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the goals identified in their person centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in work shops in the community on a daily basis if they are able to do so.

D. Rule/Statutory Violations

There are currently no rule violations.

E. RECOMMENDATION

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



1/12/10

Kent W Gieselman
Licensing Consultant

Date

Approved By:



1/14/10

Betsy Montgomery
Area Manager

Date