



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 18, 2010

Cheryl Loveday
Angel's Place Inc.
Suite 2
25240 Lahser
Southfield, MI 48033

RE: Application #: AS630307091
R.C. Mahon Home
4765 Tullamore
Bloomfield Hills, MI 48304

Dear Ms. Loveday:

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 5 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,

Felicia Townsend, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 1000
28 N. Saginaw
Pontiac, MI 48342
(248) 975-5079

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630307091
Applicant Name:	Angel's Place Inc
Applicant Address:	25240 Lahser, Suite 2 Southfield, MI 48033
Applicant Telephone #:	(248) 350-2203
Administrator/Licensee Designee:	Cheryl Loveday
Name of Facility:	R.C. Mahon Home
Facility Address:	4765 Tullamore Bloomfield Hills, MI 48304
Facility Telephone #:	(248) 350-2203
Application Date:	03/09/2010
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/09/2010	Enrollment
03/10/2010	Application Incomplete Letter Sent Cheryl Loveday
04/01/2010	Contact - Document Received Cheryl Loveday
04/02/2010	Application Complete/On-site Needed
05/26/2010	Application Incomplete Letter Sent
05/26/2010	Inspection Report Requested – Environmental Health.
06/24/2010	Inspection Completed-Environmental Health: D
06/30/2010	Inspection Completed On-site
06/30/2010	Inspection Completed-BCAL Full Compliance
07/01/2010	Inspection Report Requested – Environmental Health
07/09/2010	Inspection Completed-Environmental Health: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large well-maintained five bedroom brick ranch that sits on a landscaped lot in the City of Bloomfield Hills, Michigan in Oakland County. The home has a two car attached garage and does not have a basement. In addition to the bedrooms, the home has a great room, kitchen, living room, and dining room. There are three bathrooms to accommodate the five residents and staff. Angel's Place Inc, the Licensee, purchased the property in December 2009.

The furnace and hot water heater are located in a room that is constructed of material that has a 1 hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 10	110	1
2	12 x 11	132	1
3	12 x 10	120	1
4	15 x 12	180	1
5	16 X 12	192	1

The living, dining, and great room areas measure a total of 846 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 **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 five (5) adult males whose diagnosis is developmentally disabled in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustments skills, and public safety skills. A personal behavior support plan will be designated and implemented for each resident's social and behavioral developmental needs. Residents will be referred from MORC.

Behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan, if required. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

The licensee will provide all transportation for program and medical needs. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including the public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Responsible Person Qualifications

The applicant is Angel's Place, which is a non-profit Corporation was established in Michigan in 1992. 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 Angel's Place has submitted documentation appointing Cheryl Loveday as Licensee Designee for this facility and Shannon Schellenberger as the Administrator of the facility.

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

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Loveday has worked as the Licensee Designee for Angel's Place since 1997. In addition, she has worked with the developmentally disabled population since 1988. Ms. Schellenberger has worked with the developmentally disabled population since 1994 and has worked as the administrator for Angel's Place since 2008.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff to 5 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 of 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 records 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 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 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.

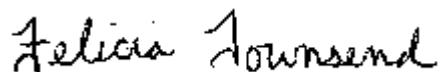
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

During a telephone conversation on 08/10/2010, Cheryl Loveday, the licensee designee stated that residents were moved into the facility approximately a week or two ago. She stated that she thought since I had completed the final inspection and informed her that I would be recommending a license, it was okay to move the residents in.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

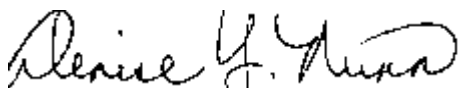


8/18/2010

Felicia Townsend
Licensing Consultant

Date

Approved By:



8/18/2010

Denise Y. Nunn
Area Manager

Date