



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

September 26, 2011

Buddy Smith  
Friends and Family, Inc.  
P O Box 406  
Romeo, MI 48065

RE: Application #: AS630313915  
Granger Group Home  
4575 Granger  
Oxford, MI 48371

Dear Mr. Smith:

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,

Ian Tschirhart, Licensing Consultant  
Bureau of Children and Adult Licensing  
28 N. Saginaw, Suite 1000  
Pontiac, MI 48342  
(248) 975-5084

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630313915
<b>Applicant Name:</b>	Friends and Family, Inc.
<b>Applicant Address:</b>	240 N. Rawles Romeo, MI 48065
<b>Applicant Telephone #:</b>	(586) 752-0372
<b>Administrator/Licensee Designee:</b>	Buddy Smith, Designee
<b>Name of Facility:</b>	Granger Group Home
<b>Facility Address:</b>	4575 Granger Oxford, MI 48371
<b>Facility Telephone #:</b>	(248) 628-0055
<b>Application Date:</b>	06/09/2011
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

06/09/2011	Enrollment
06/16/2011	Contact - Document Sent Rules and Act booklets
06/16/2011	Inspection Report Requested - Health Inv. #1018910
06/16/2011	Application Incomplete Letter Sent Received clearance for Buddy Smith
06/27/2011	Contact - Document Received Received clearance for Buddy Smith
07/06/2011	Inspection Completed-Env. Health: A
07/12/2011	Application Incomplete Letter Sent
08/11/2011	Application Complete/On-site Needed
08/12/2011	Inspection Completed On-site
09/02/2011	Inspection Completed-BCAL Full Compliance

### **A. Physical Description of Facility**

The licensee, Family and Friends Inc., is leasing this home from Community Housing Network, Inc. Granger Group Home is located at 4575 Granger in Holly, Michigan, which is in Oakland County. It is approximately three-quarters of a mile east of Sashabaw Road and about a mile and a quarter west of Baldwin. The home is also between Hummer Lake Road to the north, and Seymour Lake to the south. Granger Group Home is a ranch-style home and sits on about  $\frac{3}{4}$  of an acre of land. The home is composed of three bedrooms, living room, family room, kitchen, dining area, laundry room, an office, one and a half baths, and a two-car attached garage. There is no basement. The home uses private water and sewerage services. A sanitarian from the Oakland County Health Division performed an Environmental Health Inspection on 7/6/2011 and gave the home an A rating.

The furnace and hot water heater are located in a separate room which uses a  $1\frac{3}{4}$  inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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, which was tested upon the final inspection on 8/12/2011 and worked appropriately. There is an operable A-B-C fire extinguisher attached to the wall and is

easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6" x 13'7"	156	2
2	12'10" x 12'3"	157	2
3	14'9" x 11'3"	165	2

**Total Capacity: 6**

The living, dining, and family room areas measure a total of 553 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, GFC outlets near the sink, thermometers in the freezer and refrigerator, and a garbage can with a secure lid. The water tested within the 105-120° range at the time of final inspection on 8/12/2011.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

Caustics used in the home are kept in a locked cabinet away from the food preparation area. There is a medication cabinet in the home that has a lock on it as well.

All of the doors in the home, including interior and exterior, either have knobs that do not lock, or have knobs or handles that have locks that are non-locking against egress, which can be unlocked in one motion.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

The lawn and other vegetation surrounding the home are adequately maintained. The driveway, walkway, and porches are all in good condition. The bricks, roof, and gutters are also all in good condition. There are handrails where required.

Granger Group Home has a vehicle available for resident transportation that is in good, working condition, and has a first aid kit in it.

**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 18 years old or older whose diagnosis is developmentally disabled, in the least restrictive environment possible. The applicant intends to

submit an application to be specially certified for the developmentally disabled population. 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.

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, guardian, and 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**

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee, who is also the administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting their 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](http://www.miltcpartnership.org)), Cogent, 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 compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION**

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



September 26, 2011

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Ian Tschirhart  
Licensing Consultant

Date

Approved By:



September 26, 2011

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Denise Y. Nunn  
Area Manager

Date