



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 26, 2012

Kelly Devereaux
Mentors of Michigan, Inc.
3812 Finch
Troy, MI 48084

RE: Application #: AS630315378
Woodbank
7024 Woodbank
Bloomfield Hills, MI 48301

Dear Ms. Devereaux:

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 and specialized certification 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,

Edward Ewell, Licensing Consultant
Bureau of Children and Adult Licensing
39531 Garfield
Clinton Township, MI 48038

Enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS630315378 |
| Applicant Name: | Mentors Of Michigan, Inc. |
| Applicant Address: | 3812 Finch Troy, MI 48084 |
| Applicant Telephone #: | (248) 632-3534 |
| Administrator/Licensee Designee: | Kelly Devereaux, Designee |
| Name of Facility: | Woodbank |
| Facility Address: | 7024 Woodbank Bloomfield Hills, MI 48301 |
| Facility Telephone #: | (248) 740-0964 |
| Application Date: | 09/26/2011 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|--|
| 09/26/2011 | Enrollment |
| 09/26/2011 | Contact - Document Sent Rules & Act booklets |
| 09/26/2011 | Application Incomplete Letter Sent Fee - \$40, received clearance for Kelly and Michael |
| 10/04/2011 | Contact - Document Received Additional \$40 |
| 10/24/2011 | Licensing Unit file referred for criminal history review Kelly |
| 10/28/2011 | Application Complete/On-site Needed |
| 11/30/2011 | Inspection Completed On-site |
| 11/30/2011 | SC-Application Received - Original |
| 11/30/2011 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Facility is a large two-story colonial home located in the City of Bloomfield Hills Michigan in Oakland County. The neighborhood is characterized with similar structures on large parcels of land. The facility is located within one-half mile of convenient neighborhood shopping outlets and strip malls near Maple and Telegraph Road. The home has six-bedrooms. In addition to the bedrooms, the home has a large kitchen, family room area and a large living room. Outside of the kitchen, these areas contain 512 square feet of multipurpose space to accommodate six residents. There are five bathrooms to accommodate the residents and staff. Both the hot water heater and furnace are located in the basement with adequate fire safety enclosure. An inch and three quarter solid core hard wood door with a self-closing device is located at the top of the stairs leading to the basement for adequate fire separation. There is a make-up air duct in the furnace room to prohibit combustion from occurring.

The bedrooms are designated as follows:

- Bedroom #1 contains 171 square feet and will accommodate one resident.
- Bedroom #2 contains 156 square feet and will accommodate one resident.
- Bedroom #3 contains 128 square feet and will accommodate one resident.

- Bedroom #4 contains 276 square feet and will accommodate one resident.
- Bedroom #5 contains 188 square feet and will accommodate one resident
- Bedroom #6 contains 171 square feet and will accommodate one resident.

The facility is served by both public water and sewer systems thereby negating the need for an Environmental Health Inspection. During the inspection of 11/30/2011, the water temperature measured 113 degrees Fahrenheit at the kitchen tap.

On 11/30/2011, I conducted a fire safety inspection and found the facility to be in full compliance with applicable Fire Safety Rules and Regulations. The home is equipped with an electrically powered interconnected hard-wired smoke detection system that is audible in all sleeping rooms with the doors closed. There are approved fire extinguishers on both the ground floor and second floor of the facility.

Zoning approval is not required for this facility as it meets the provisions of the Federal Fair Housing Amendments Acts.

B. Program Description

The facility licensee will be Mentors of Michigan, LLC. Their staff will provide assistance and supervision to the residents who are mentally ill, developmentally disabled and traumatic brain injured. The applicant has submitted all of the required documents for licensure including; Program Statement, Admission/Discharge Policy, Articles of Incorporation, Organization Chart, Licensing Record Clearances, Medical Clearances, proof of ownership and all required forms. The licensee designee will be Kelly Devereaux who is experienced in providing care to the populations to be served in the facility. The administrator will be Michael Paige. He has over 10 years of experience in providing services to the populations to be served at the facility. All direct care staff will be qualified with experience, training and certified with CPR and First Aid. Each direct care staff will have an initial physical exam before hiring that will include a negative TB test. The organization will conduct police record checks and complete fingerprinting on newly hired applicants before hiring to ascertain the good moral character of each direct care staff.

The facility will provide 24-hour supervision, assistance, protection and personal care to the residents once the facility is licensed. Room, board, basic care and assistance with the resident's activities of daily living shall be provided as needed. There will be at least one staff person on duty at all times to care to the residents. All direct care staff will be required to undergo training that is relevant to the services that are needed by each resident. The residents will have the opportunity to enhance their functional capacity and participate in community-based activities.

At the final inspection of 11/30/2011, administrative rule requirements for facility records were discussed. The consultant provided an in-service to the applicant

regarding the Department's requirements regarding record keeping in an adult foster care small group home.

At the final inspection of 11/30/2011, the applicant was found to be in compliance with the Department's Administrative Rules and Regulations covering Quality of Care, Environmental Health and Fire Safety Rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with the capacity of six (6) residents. The terms of the licensee will be for developmental disabled, mentally ill and traumatic brain injured. A temporary license will be in effect for a six-month period. After the six month period, the department will conduct a licensing renewal study

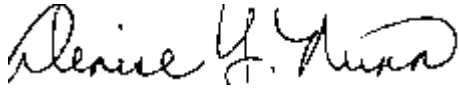


1/26/2012

Edward Ewell
Licensing Consultant

Date

Approved By:



1/26/2012

Denise Y. Nunn
Area Manager

Date