



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

July 6, 2015

Jennifer Bhaskaran
Alternative Services Inc.
Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

RE: Application #: AS780376323
Middleton Home
835 Middleton Road
Owosso, MI 48867

Dear Ms. Bhaskaran:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS780376323
Applicant Name:	Alternative Services Inc.
Applicant Address:	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
Applicant Telephone #:	(248) 471-4880
Licensee Designee:	Jennifer Bhaskaran
Administrator:	Candy Hamilton
Name of Facility:	Middleton Home
Facility Address:	835 Middleton Road Owosso, MI 48867
Facility Telephone #:	(248) 471-4880 04/06/2015
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/06/2015	Enrollment
04/09/2015	Contact - Document Sent Rules & Act booklets
04/09/2015	Application Incomplete Letter Sent Rec clearance's for Jennifer & Candy
04/09/2015	Contact - Document Received Rec clearance's for Jennifer & Candy
04/09/2015	SC-Application Received - Original
04/17/2015	Inspection Report Requested - Health
04/17/2015	Application Complete/On-site Needed
05/06/2015	Application Incomplete Letter Sent
05/12/2015	Inspection Completed-Environmental Health : A
06/16/2015	Inspection Completed-BCAL Full Compliance
07/06/2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Middleton Home is a ranch style home that is located in a rural area of Owosso, MI. There is a two-car garage attached to the facility with concrete floors and room for storage. There is a covered porch located at the front entrance of the facility. The facility has a large cement patio in the backyard that can be reached from French doors located in the living room. There is a cement sidewalk that extends from the patio around the side of the home and attaches to the driveway. The large cement driveway provides ample parking space for staff and visitors.

The main level of the home consists of a living room, dining room, kitchen, office, small medication room, laundry room, two full baths, and four resident bedrooms. The facility has a total of four exits, which are all at grade.

The furnace and hot water heater are located in a separate enclosed room in the garage and are separated from residents by a fully stopped, solid metal door that is equipped with an automatic self-closing device and positive-latching hardware. There is one fire extinguisher located on each level of the facility. The smoke detectors are all

hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	square feet	
Dining area	square feet	
Bedroom #1	14' 8" x 11' = 161 square feet	2 resident
Bedroom #2	14' 8" x 11' = 161 square feet	1 resident
Bedroom #3	14' 8" x 11' = 161 square feet	1 resident
Bedroom #4	14' 8" x 11' = 161 square feet	2 resident

The facility has a private water supply and private sewage disposal system. The Shiawassee County Health Department inspected the facility on 05/12/15 and the facility received an "A" rating.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents' age eighteen and over, who suffer from mental illness and/or developmental disabilities. The residents in the home must be referred for placement by the contracting agency (Community Mental health). The program plan will define the areas of basic self-care, social education, personal adjustment, day programs, and behavior management programs that are necessary to meet the resident's immediate needs, so that they can become independent and self-sufficient as possible. The home is wheelchair accessible and alarms have been placed on all exits to alert staff members when someone exits/enters the facility.

Alternative Services, Inc. is the applicant and Jennifer Bhaskaran has been assigned as the licensee designee. The administrator of the facility is Candy Hamilton. A criminal history background check was completed for Ms. Bhaskaran and Ms. Hamilton. They have been determined to be of good moral character. They submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for 6 residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 2-3 direct care staff on-site for 6 residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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)), 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

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 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 discharge written notice.

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 an accident involving 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 that a separate Resident Funds Part II (BCAL-2319) form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Jennifer Bhaskaran has been a licensee designee of multiple AFC group homes since 2012 and has a Masters of Social Work degree. Administrator, Candy Hamilton, has been a direct care worker for two years and another two years as a manager for Alternative Services, Inc. Ms. Bhaskaran reports that all resident files will be kept on the facility grounds.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

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

Christopher A. Holvey

7/6/15

Christopher Holvey
Licensing Consultant

Date

Approved By:

Mary Holton

7/7/15

Mary E Holton
Area Manager

Date