



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

February 9, 2015

Michael Farrell
CAM FAR LLC
45989 Greenridge Dr.
Northville, MI 48167

RE: Application #: AS820362904
Southworth Elder Care
9476 Southworth Ave.
Plymouth Twp, MI 48170

Dear Mr. Farrell:

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 (313) 456-0380.

Sincerely,

Kara Robinson, LMSW, Licensing Consultant
Bureau of Children and Adult Licensing
Cadillac Pl. Suite 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820362904
Applicant Name:	CAM FAR LLC
Applicant Address:	45989 Greenridge Dr. Northville, MI 48167
Applicant Telephone #:	(248) 499-0193
Administrator/Licensee Designee:	Michael Farrell, Designee
Name of Facility:	Southworth Elder Care
Facility Address:	9476 Southworth Ave. Plymouth Twp, MI 48170
Facility Telephone #:	(734) 259-8274
Application Date:	07/02/2014
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

07/02/2014	Enrollment
07/08/2014	Comment 1326 for Michael Farrell is with Cheryl G.
07/10/2014	Comment Received 1326 for Michael back from Cheryl G.
07/10/2014	Supporting documents received On-site Needed
07/10/2014	File Transferred To Field Office Detroit
07/10/2014	Contact - Document Sent Act and Rule Books
07/14/2014	Enrollment assigned to Robinson
08/05/2014	Application Incomplete Letter Sent
08/19/2014	Inspection Completed On-site; noncompliance Home renovations in progress
10/16/2014	Contact - Document received Received policies and procedures
12/10/2014	Inspection Completed-BCAL Full Compliance Physical plant approved; awaiting supporting docs
12/17/2014	Application Incomplete Letter Sent Need financial info and training verification
01/20/2015	Contact - Document Received Received final supporting docs

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Southworth Elder Care home is located in a residential neighborhood in Plymouth, Michigan. The home is a ranch style structure with 5 bedrooms and 1.5 baths (Note: the family room was converted into a separate bedroom for the purposes of licensure. Refer to Bedroom #4). The home also contains a full size kitchen, living room, and dining room. There is no basement.

The furnace and electric water heater are located inside the attached garage. Both are located in a separate room with a 90-minute rating steel door and automatic closure that meets fire safety guidelines. The facility is equipped with smoke detectors that are interconnected and hardwired through the home's electrical system; they were installed by a licensed contractor and are fully operational.

This facility is not wheelchair accessible and cannot accommodate residents who require the regular use of a wheelchair.

Resident bedrooms were measured with the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.75 X 9.58	103	1
2	13.66 X 9.66	132	1
3	9.75 X 12.83	125	1
4	11.42 X 13.42	153	2
5	11.5 X 13.5	155	1

The living room and dining room areas measure a total of 290 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 **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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. Residents may be referred from: (Gateway, Consumer Link, and Synergy Partners).

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

The applicant is CAM FAR, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/5/10. 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 CAM FAR, L.L.C. has submitted documentation appointing Michael Farrell as Licensee Designee for this facility and Michael Farrell 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 designee 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.

The staffing pattern for the original license of this 6-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), MorphoTrust™ (formerly L-1 Identity Solutions ®), 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 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.

II. RECOMMENDATION

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

 2/6/15

Kara Robinson
Licensing Consultant

Date

Approved By:

 2/9/15

Ardra Hunter
Area Manager

Date