

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER DIRECTOR

August 7, 2015

Keta Cowan Synod Residential Services P.O. Box 980465 Ypsilanti, MI 48197

> RE: Application #: AS630361472 Turning Point 29545 Rutherland Southfield, MI 48076

Dear Ms. Cowan:

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 (248) 975-5053.

Sincerely,

indy adams

Cindy Adams, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (248) 860-4475

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS630361472	
Applicant Name:	Synod Residential Services	
Applicant Address:	615 S. Mansfield Ypsilanti, MI 48197	
Applicant Telephone #:	(734) 483-9363	
Administrator/Licensee Designee:	Keta Cowan	
Name of Facility:	Turning Point	
Facility Address:	29545 Rutherland Southfield, MI 48076	
Facility Telephone #:	(248) 423-1002	
Application Date:	05/19/2014	
Capacity:	6	
Program Type:	MENTALLY ILL	

II. METHODOLOGY

05/19/2014	Enrollment	
05/30/2014	Application Incomplete Letter Sent FP&1326/Keta.	
05/30/2014	Contact - Document Sent Act&Rules.	
06/10/2014	Application Complete/On-site Needed	
06/10/2014	File Transferred To Field Office Pontiac.	
06/18/2014	Contact - Telephone call received Phone call from Keta Cowan, requesting whether the facility was assigned to a licensing consultant. I informed her that the facility formerly licensed as the Rutherland Group Home, AS630012390 was closed on 5/5/2014 and hasn't been assigned to a consultant.	
07/02/2015	Application Incomplete Letter Sent	
07/08/2015	Contact - Document Received	
07/08/2015	Inspection Completed On-site	
07/08/2015	Inspection Completed-BCAL Full Compliance	
07/08/2015	SC-Inspection Completed On-Site	
07/08/2015	SC-Inspection Full Compliance	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Turning Point Group Home is located at 29545 Rutherland in Southfield, Michigan. The home is a ranch style brick home located in a suburban area of similar construction homes and has a two car attached garage. To the left of the main entrance of the home is the living room. To the right of the main entrance is bedroom #1. There is a short hallway from the main entrance that leads to the dining room on the left and three additional bedrooms (bedroom #2, #3 and #4) and a full bathroom to the right. To the left of the dining room is the kitchen, a half bathroom, the laundry room and the staff office. The home utilizes public water and sewage through the City of Southfield.

The home is not equipped with a basement. The heating plant unit contains the furnace and hot water tank that is attached and can be reached from the rear of the home. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18' x 11'8"	210	2
2	11'6" x 14'	161	1
3	15'5" x 11'6"	177	2
4	11'6" x 14'	161	1

Measurements were taken of the indoor living space and are as follows: The living room measured 18' x 12' or 216 square feet and the dining room measured 12'6" x 20'4" or 254 square feet. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facilities licensed capacity.

B. Program Description

Synod Residential Services submitted an application for an original license on May 19, 2014 for a small group home. The licensee designee and administrator for Synod Residential is Keta Cowan. The application indicates that the home will accept both males and females, 18 years of age and up who suffer from mental illness. Residents can be ambulatory or non-ambulatory as the home is barrier free in design.

Synod Residential Services intends to provide 24-hour supervision, protection and personal care to six residents. The program will include social interaction, meal preparation, money management, community activities, medication administration and scheduling, monitoring and transportation to medical appointments. The program is designed to meet the needs, interests and abilities of the residents. The corporation has a contract with Easter Seals of Michigan to provide services and placement of residents. Synod Residential Services has 12 other licensed adult foster care homes with the State of Michigan.

In addition to the above program elements, it is the intent of Synod Residential Services to utilize local community resources for recreational activities including the library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Synod Residential Services is a "non-profit corporation", established in Michigan on March 28, 1986. Ms. Cowan submitted documents including articles of incorporation, organizational chart, corporate by-laws, and a list of the board of directors. Ms. Cowan also submitted financial documents including an income statement of corporation, balance sheet of the corporation and the projected budget for the home.

The Board of Directors of Synod Residential Services, Inc. has submitted documentation appointing Keta Cowan as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Cowan were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Cowan also submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Cowan is the Chief Executive Officer of Synod Residential Services and has been involved in providing Adult Foster Care services to developmentally disabled and mentally ill individuals for over 12 years. Synod Residential Services currently operates 12 AFC home in both Oakland and Washtenaw counties and Ms. Cowan serves as the licensee designee and administrator for all 12 of these AFC homes. Ms. Cowan submitted documentation of various trainings she has participated in within the last year. Based on her previous experience

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff during the hours of 8 am until 12 am and 1 staff during the hours of 12 am until 8 am for 6 residents. Ms. Cowan acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Cowan has indicated that direct care staff will be awake during sleeping hours.

Ms. Cowan acknowledged an understanding of the qualifications, suitability, and training 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.

Ms. Cowan acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have <u>regular</u>, <u>ongoing</u> "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (<u>www.miltcpartnership.org</u>) and the related documents required to demonstrate compliance.

Ms. Cowan acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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.

Ms. Cowan acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Cowan acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Cowan acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Cowan acknowledged the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Cowan acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Cowan acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Cowan acknowledged 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 Synod Residential Services.

Ms. Cowan acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Ms. Cowan acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Cowan acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. <u>Rule/Statutory Violations</u>

There was no rule or statutory violations at the final inspection.

IV. RECOMMENDATION

Cindy adams

07/22/2015

Cindy Adams Licensing Consultant

Date

Approved By:

Denie Y. Munn

08/07/2015

Denise Y. Nunn Area Manager

Date