



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

February 17, 2016

Kimberly O'Neal
Spectrum Community Services
3353 Lousma Dr. SE
Wyoming, MI 49548

RE: Application #: AS810378886
Wharton Residence
543 Wharton
Ypsilanti, MI 48197

Dear Mrs. O'Neal:

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 2 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,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS810378886
Applicant Name:	Spectrum Community Services
Applicant Address:	28303 Joy Rd. Westland, MI 48185
Applicant Telephone #:	(734) 458-8729
Administrator	Jayne Wilkinson
Licensee Designee:	Kimberly O'Neal
Name of Facility:	Wharton Residence
Facility Address:	543 Wharton Ypsilanti, MI 48197
Facility Telephone #:	(734) 458-8729
Application Date:	07/30/2015
Capacity:	2
Program Type:	Developmentally Disabled Wheelchair Accessible

II. METHODOLOGY

07/30/2015	Enrollment
07/30/2015	Contact - Document Received TB verification and 1326A record clearance req for Kimberly O Neil.
08/06/2015	Contact - Document Sent Rules and Act
08/06/2015	Application Incomplete Letter Sent Need record clearance request for Jayne Wilkinson
01/05/2016	Contact - Telephone call received Kim O'Neil calling to verify everything has been sent. Thought I needed 1326 for J. Wilkinson but found in the middle of the paperwork. Processing to send to county.
01/05/2016	File Transferred To Field Office Detroit/Washtenaw
01/19/2016	Application Incomplete Letter Sent
02/05/2016	Application Complete/On-site Needed
02/09/2016	Inspection Completed-BCAL Sub. Compliance
02/10/2016	Inspection Completed – BCAL Full Compliance
02/10/2016	Recommend Temporary License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Wharton Residence adult foster care home is located in a residential area in the city of Ypsilanti. The home is a single story structure with a full basement and detached garage. The first floor of the home consists of a living room, kitchen, 1 full bathroom and three bedrooms. Two of the three bedrooms will be for resident's personal use and the additional will be used as a sensory room.

The furnace and hot water heater are located in the basement with a 1 ½ hour fire resistance rating located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	10.42 X 7.66 + 2 X 3	84 Sq. Ft.	1
2	10.42 X 9.58 + 2 X 3	106 Sq. Ft.	1

The living and dining/sensory rooms measure a total of 332 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 **two (2)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This home can accommodate wheelchairs as it has met the requirements listed in the licensing rules for an adult foster care small group home. Ramps are located at 2 approved means of egress from the first floor, slope of both ramps meet the rise requirement, and terminate on a firm, solid, unobstructed surface.

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 **two (2)** female ambulatory adults whose diagnosis is developmentally disabled 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 will 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 Spectrum Community Services a Non Profit Corporation, which was established in Michigan, in 1976. 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.

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 two-bed facility is adequate and includes a minimum of one staff –to- two 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), Identogo, 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home with a capacity of two (2) residents.



Vanita C. Bouldin
Licensing Consultant

Date: 02/10/2016

Approved By:



Ardra Hunter
Area Manager

Date: 02/17/2016

