



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

April 20, 2016

Demetra Leonard
Phoenix Residential Services Inc.
P.O. Box 431034
Pontiac, MI 48341

RE: Application #: AS630368424
Liza Home
1253 Liza Blvd
Pontiac, MI 48342

Dear Ms. Leonard:

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 4 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,

John Pochas, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3822

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630368424
Applicant Name:	Phoenix Residential Services Inc
Applicant Address:	102 Franklin Blvd Pontiac, MI 48341
Applicant Telephone #:	(248) 338-3743
Administrator/Licensee Designee:	Demetra Leonard
Name of Facility:	Liza Home
Facility Address:	1253 Liza Blvd Pontiac, MI 48342
Facility Telephone #:	(248) 276-4719
Application Date:	10/31/2014
Capacity:	4
Program Type:	MENTALLY ILL

II. METHODOLOGY

10/31/2014	Enrollment
11/07/2014	Application Incomplete Letter Sent 1326 update/Demetra.
11/07/2014	Contact - Document Sent Act & Rules.
12/30/2014	Application Incomplete Letter Sent Fingerprints/Demetra-Enrollment needs FCL code prints/CG.
04/08/2015	Application Complete/On-site Needed
04/08/2015	File Transferred To Field Office Pontiac.
04/15/2015	Consultation Requested/Denied Licensing file received from Central Office.
05/12/2015	Contact - Document Sent Field Incomplete letter sent
07/24/2015	Application Incomplete Letter Sent
12/11/2015	Inspection Completed-BCAL Sub. Compliance Preliminary
03/21/2016	Inspection Completed-BCAL Full Compliance
03/29/2016	Recommend Licensure
03/29/2016	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 5/24/94.

Liza Home is a comfortable newer constructed aluminum and brick ranch located in Pontiac, Michigan. It is situated north of Fieldstone and west of Opdyke Road. The home capacity measures approximately 1480 square feet.

The interior of the home is dry wall construction, nicely decorated and well maintained. The home consists of a family/living room, dining room and kitchen areas. Four resident bedrooms are located on the main floor. The home has two full baths.

The home has one gas forced air furnace located in the basement. The heating plant was recently inspected and was found to be operating properly. Floor separation was provided by a metal fire rated door at top of basement steps.

At the preliminary inspection, indoor living areas were measured and found to be of the following dimensions:

ROOM	DIMENSIONS	SQUARE FOOTAGE
Family Room	13' x 15'5	201
Kitchen/dining	22' x 8'	176

Resident bedrooms were measured at the time of initial inspection and were found to be of the following dimensions and accommodation capability:

<u>BEDROOM</u>	<u>DIMENSIONS</u>	<u>SQ. FOOTAGE</u>	<u>OCCUPANCY</u>
Bedroom #1	14' x 10'5"	147	1
Bedroom #2	11' x 9'	90	1
Bedroom #3.	12' x 10'	120	1
Bedroom #4.	14' x 10'	140	1

Total Occupancy: 4

Compliance with rule R400.14409 (6) was demonstrated at the time of final inspection.

Based upon the above information, this facility has the square footage necessary to accommodate up to 4 adults, as requested in the application.

The living space for the home was measured and is listed below:

The home has a family/living room that measures 13' x 15' a dining area/kitchen that measures 22' x 8'. The proposed capacity for the home is 4. Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for the residents of the home.

The bedrooms were properly furnished, clean and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with required non-skid surfacing and handrails to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

Liza Home has public water and sewage services. Garbage disposal is supplied through the City of Pontiac. The kitchen and bathroom areas were evaluated and found to be adequately equipped and in clean condition. All necessary appliances were present at the time of final inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R 400.14401(2). The home also met the minimum requirements regarding food service (R 400.14402) and maintenance of premises (R 400.14403). Laundry facilities are located in a separate room adjacent to the kitchen area. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

2. Fire Safety

The applicant installed a fully integrated hard wired smoke detection system to meet the requirements of R 400.14505. The smoke heads are placed as required by the rule. The home has smoke detectors in the furnace and kitchen areas. The home also has fire extinguishers located on the main floor, which meet the requirements of R 400.14506. The home has more than two means of egress from the main floor, and the exit doors all meet the requirements of rules R 400.14507 and R 400.14509. The means of egress were measured at the time of final inspection and meet the 30-inch minimum width requirement of the rule. The required exit doors are equipped with

positive latching non-locking against egress hardware. All the bedroom doors have conforming hardware. The bedrooms of the home also have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R400.14504.

A gas forced air furnace system heats the facility. The furnace was recently inspected and the applicant supplied a copy of the report for review at the time of the final inspection. The applicant was advised that water temperature should be monitored on a regular basis. I found the electrical service (circuit breaker panel) to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire and medical emergency. Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through City of Pontiac. The applicant understands the Departmental requirements relating to the maintenance of fire drill records with the applicant. The applicant has indicated that it is the applicant's intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

B. Program Description

1) Program Statement

The applicant submitted a copy of the program statement to the Department for review and inclusion in the licensing record. The document is acceptable as written. The facility will offer a program and services for male and female adults who may have mental illness and are physically handicapped. According to the program statement, the goal of the program is to assist with daily living skills such as socialization skills and personal shopping while maintaining dignity and self-worth. Transportation to appointments and programs will be provided (if applicable).

2) Required Information

On 04/15/15, the Department received a license application and application fee from Ms. Demetra Leonard, acting on behalf of Phoenix Residential Services Inc., to operate a small group AFC facility at the above referenced address in Pontiac, Michigan. The

corporation filing endorsement from the Michigan Department of Licensing & Regulatory Affairs has a filing date of 7/17/82.

As part of the application process the applicant submitted admission and discharge policies for the Liza home. The documents are acceptable as written. Also included in the Department files are a proposed staffing pattern, a current organizational chart, a proposed budget, a floor plan with room use and size specifications, and current financial documents. As part of the licensing process, the applicant presented personnel policies, routine procedures, and job descriptions for review during the final inspection. The documents are kept in the home and are available for review.

The administrative structure for Phoenix Residential Services Inc. is as follows:

President: Demetra Leonard
Vice President: Charles Leonard
Designated Responsible Person: Kimberly Eddings

A Records Clearance Request has been processed for Ms. Demetra Leonard. Based upon the information from the Record Clearance Report, I find that she is of good moral character, sound judgment, and suitable to provide care to dependent adults. A current Licensing Medical Clearance form for Ms. Leonard is contained in the record. The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is also on file with the Department. The licensing file also contains a written statement from Phoenix Residential Services Inc. naming Ms. Demetra Leonard as the applicant designee.

As referenced above, Ms. Leonard submitted, on behalf of Phoenix Residential Services Inc., financial information as part of the new application process. The applicant submitted a current balance sheet/ projected budget. Based on the information presented, I have determined that the applicant's corporation has demonstrated a stable financial position and possesses the financial capability to operate an adult foster care facility at the above referenced location.

3) Qualifications and Competencies

The licensee designee/administrator, Ms. Demetra Leonard, has been involved in providing Adult Foster Care services for over 20 years. Ms. Leonard is the licensee of the Hummer Lake Home (AS630244869), Bloomfield Home (AS630316168), Leonard Home (AS630012331) Phoenix Home (AS6300237099) and Phoenix House 2 (AS630012750).

Based on her previous experience, Ms. Leonard has demonstrated that she has the administrative and management expertise to operate the Adult Foster Care facility. Based on personal contact and materials submitted, I conclude that Ms. Leonard has demonstrated competency as required by the rule R 400.14201.

At the time of the final inspection Ms. Leonard indicated that there was a change to report regarding information previously submitted in this application for a license. The applicant indicated that they would forgo wheelchair accessibility at this time. Ms. Leonard was advised of Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5) and has indicated that it is the intent of the corporation to assure continued compliance with this rule. The applicant was also reminded of Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4), and has indicated that it is her intent to maintain compliance with this requirement.

Based on the above information, I have determined that Ms. Leonard is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health.

As required by the rule R400.14202, the home has a designated administrator. Ms. Leonard will also act as administrator for Liza Home. Based on the information submitted and information reviewed in the home at the time of the final inspection, Ms. Leonard meets the requirements of the rules and is qualified based on her background and training to act as administrator for Liza Home.

Ms. Leonard understands that in accordance with rules R 400.14307, R 400.14308 and R 400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review and inclusion in the licensing record. I have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement and the minimum requirements of rule R 400.14206.

Individuals who are interested in placement into the Liza Home should contact Ms. Leonard at the facility. The licensee designee also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

4) Facility and Employee Records

I have reviewed Phoenix Residential Services Inc. personnel policies and determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Phoenix Residential Services Inc. Liza Home were reviewed and submitted to the department. They are acceptable as written. I have also discussed with the applicant the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by the applicant (R 400.14734b). I have reviewed the process that the home will follow and find it meets the intent of the administrative rules. The applicant is well aware of the requirements for employee records based on previous experience in Adult Foster Care.

a) Facility Records in General (Rule R400.14209)

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register, as required under rule R400.14210 have been discussed with Ms. Leonard and she indicates that it is her intent to comply with this requirement. Ms. Leonard indicated that she understands the Department requirements for record keeping.

Home menus have been discussed and Ms. Leonard understands the requirements set forth in rule R400.14313 and has indicated that the home will meet the requirement with respect to nutrition and menus as stated in the rule. Ms. Leonard has been advised that all working menus are to be dated, prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. Ms. Leonard was also advised that a licensed physician must order any special diets implemented in the home.

b) Employee Records (rules R400.14204 and R400.14208)

Based on the applicant's previous experience, Ms. Leonard is well aware of the requirements for staff qualifications and training and intends to comply with the rules. The applicant understands that all employees must submit to a pre-employment physical, which includes a TB tine test. The results of the test are obtained before employment begins. The applicant will also verify age and check references before a person is offered employment. The applicant provides an orientation and training of its own relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Evidence of staff training will be maintained in the employee records for future Departmental review. Based upon our conversation at the time of inspection, the administrator/ applicant understand and intend to comply with the requirements of rules R400.14204 and R400.14208.

5) Resident Care, Services, and Records

Departmental requirements pertaining to resident records as specified in rule R400.14316 were discussed with Ms. Leonard. Ms. Leonard has indicated that it is the home's intent to comply with these requirements. During the course of the pre-licensing investigation, I advised the applicant of Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. The applicant attests that it is the intent of the home to achieve and maintain compliance with these requirements.

Also discussed were Departmental requirements pertaining to incident and accident reports, as outlined under rule R400.14311 and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. Ms. Leonard has again indicated that it is their intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with Ms. Leonard at the time of the final inspection. The applicant was provided with copies of the Department forms Resident Funds and Valuables Parts II & I. The applicant is aware that these are required forms and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.

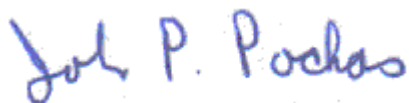
The applicant stated that they have an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

Ms. Leonard is aware of the requirements of rules R400.14318 and R400.14319, and assures me that she will comply with the requirements of the rules regarding emergency and regular transportation.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services, and records. A more complete evaluation of resident services will be made at the time of license renewal.

IV. RECOMMENDATION

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

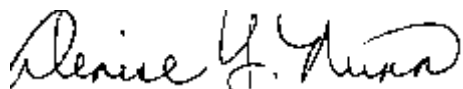


04/12/2016

John Pochas
Licensing Consultant

Date

Approved By:



04/13/2016

Denise Y. Nunn
Area Manager

Date