



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

May 28, 2003

Lennix Webster
Twin Oaks Extended Care Corp.
27024 Norfolk
Inkster, MI 48141

RE: Application #: AS820245771
Twin Oaks
27024 Norfolk
Inkster, MI 48141

Dear Mr. Webster:

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 recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Barbara Smalley, Area Manager, at (248) 975-5080.

Sincerely,

Ruth McMahon, Licensing Consultant
Bureau of Family Services
Suite 358
41000 Woodward
Bloomfield Hills, MI 48304
(248) 975-5084

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS820245771

Applicant Name: Twin Oaks Extended Care Corp.

Applicant Address: 27024 Norfolk
Inkster, MI 48141

Applicant Telephone #: (313) 277-4126

Administrator/Licensee Designee: Lennix Webster, Designee

Name of Facility: Twin Oaks

Facility Address: 27024 Norfolk
Inkster, MI 48141

Facility Telephone #: (313) 277-4126

Application Date: 01/31/2002

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

| | |
|------------|---|
| 01/31/2002 | Enrollment |
| 04/07/2003 | Contact - Telephone call received Mr. Webster called for final inspection. |
| 04/14/2003 | Comment SC application packet given to RM for facility |
| 04/14/2003 | Inspection Completed On-site |
| 04/14/2003 | Inspection Completed-BFS Sub. Compliance |
| 04/17/2003 | Comment Original application /data received from Lansing |
| 05/22/2003 | Inspection Completed On-site |
| 05/22/2003 | Inspection Completed-BFS Sub. Compliance |
| 05/28/2003 | Corrective action plan received and approved. |
| 5/28/2003 | Recommend license issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story wood structured home located in the City of Inkster. The home is situated on a large lot. The home has enclosed front porch. The first floor contains a living room, dining room, kitchen, an office, and a full bathroom. The second floor contains three resident bedrooms, a small room, off Bedroom 2. The small room will be used by the residents of Bedroom 2 or as a storage room. The basement has laundry facilities, the water heater ,heating plant and a storage room.

| <u>ROOM LOCATION</u> | <u>DIMENSIONS</u> | <u>AREA/SQ.FT</u> |
|----------------------|-------------------|----------------------|
| Living Room | 12.10 x 14 | 179.5 sq feet |
| Dining Room | 13.7 x 11.2 | <u>151.6 sq feet</u> |
| | | 331.1 |

The home will be licensed for six residents. The home must minimally afford 35 square feet of indoor living space per occupant. Living space that was measured proved to be 331.1 square feet. This averages 55.1 square feet of indoor living space per occupant.

| <u>ROOM/LOC</u> | <u>DIMENSIONS</u> | <u>SQ.FT</u> | <u>CAPACITY</u> |
|--------------------------------|-------------------|--------------|-----------------|
| #1 First floor | 11.4 x 10.4 | 117sq ft | 1 |
| # 2 (2 nd floor) NE | 12.5 x 11.2 | 138.7 sq ft. | 2 |
| #3 (2 nd floor) SE | 11 x 11.10 | 130.1 | 2 |
| #4 (3 rd floor) SW | 11.6 x 7.10 | 90.4 | 1 |
| | <u>3.2 x8.2</u> | <u>26.8</u> | |
| | | 117.2sq feet | |

1

All household furnishings were in place at the final inspection.

The facility is supplied with public water and sewage services.

At the final inspection the home was in compliance with Fire Safety Rules, except for 14505. (1)(b). A smoke detector was not installed in the kitchen are. On 5-28-2003 a fax was received a smoke detector was installed on 5-24-2003.

All rule violations cited at the final inspection have been corrected. A fax was received on 5-28-2003 verifying the corrections had been made.

On March 6, 2003 a Certificate of Occupancy was issued by the City of Inkster certifying that the proposed use of the building is approved and complies with the Zoning Ordinance, Building, Plumbing, Heating and Electrical and Fire Codes of the City of Inkster.

B. Program Description

The Twin Oaks Extended Care Corporation received its corporate status on November 28,2001.

The organizational chart notes the line of authority as Board of Directors. CEO/President. Vice President and Corporate Manager, Administrator, Direct Care Staff.

The Board of Directors has named Mr. Lennix Webster, as the licensee designee and administrator. Mr. Webster had a TB test on 9-6-2002. Mr. Webster had a physical on 9-6-2002 and 2-12-2003. A statement signed by his physician was received at the final inspection. References have been submitted for Mr. Webster. A Licensing Record Clearance was completed on 3-08-2002.

Mr. Webster has experience working in an adult foster care home with the mentally ill for one year and the developmentally disabled for four years. Mr. Webster has completed all elements of training through Wayne Center and has current CPR and First Aid Certification.

It is a requirement of Twin Oaks Extended Care Corporation that all staff will successfully complete all required training programs. Evidence of staff training will be maintained in the employee records for departmental review.

Copies of the Admission Policy, Discharge Policy, Program Statement, and Refund Policy were reviewed and determined to be acceptable as written. Medication will be kept in the original container and dispensed as prescribed by a physician.

The facility will provide adult foster care to six mentally ill men between the ages of 30 and 60 years of age who are ambulatory.

The program and services provided at Twin Oaks would include basic self-care, including activities of daily living, reinforce skills and in following simple directions.

Adult activity or day programming will be available to the resident to learn basic self-care skills, daily living, utilizing community resources, therapy, education, recreational programs, field trips and special.

It is the intent of Twin Oaks to enter into a contract with Care Links to provide services to mentally ill clients.

In addition, an application for special certification will be submitted as soon as the facility has residents in care.

At the final inspection, technical assistance was provided to Mr. Webster in completing the required forms.

IV. RECOMMENDATION

I recommend a temporary license be issued to the AFC small group home, capacity 6.

Ruth McMahon
Licensing Consultant

Date

Approved By:

Barbara Smalley
Area Manager

Date