



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 9, 2016

Karen Harris
Integrated Living, Inc.
43133 Schoenherr Road
Sterling Heights, MI 48313

RE: Application #: AS500380734
Biland
42820 Biland
Clinton Township, MI 48038

Dear Mrs. Harris:

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,

A handwritten signature in cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 256-1776

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500380734
Licensee Name:	Integrated Living, Inc.
Licensee Address:	43133 Schoenherr Road Sterling Heights, MI 48313
Licensee Telephone #:	(586) 731-9800
Licensee Designee:	Karen Harris
Name of Facility:	Biland
Facility Address:	42820 Biland Clinton Township, MI 48038
Facility Telephone #:	(586) 231-5116
Application Date:	12/16/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/16/2015	On-Line Enrollment
12/23/2015	Contact - Document Sent Rules & Act booklets
12/23/2015	Application Incomplete Letter Sent Rec cl's for LD & Admin
12/30/2015	Contact - Document Received Rec cl for Karen (LD)
01/06/2016	Contact - Document Received Rec cl for Monique M (Admin)
01/06/2016	Lic. Unit file referred for background check review Monique M
01/25/2016	Contact - Document Received Licensing file received from Central office
02/05/2016	Application Incomplete Letter Sent
10/25/2016	Contact - Face to Face Met with LD and her business manager to discuss items missing and needed to move forward with enrollment application process
11/16/2016	Inspection Completed On-site
11/30/2016	Application Complete/On-site Needed
11/30/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a suburban community of Clinton Township, south of M-59. The facility is a large brick home with an attached garage, with a paved driveway. The living and dining space in the home contains 1,650 sq. ft. of activity space. This is adequate for the proposed number of occupants. 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. The home is wheelchair accessible, and the bedroom space is as follows:

Location	Dimensions	Square Footage	Capacity
Bedroom#1	13' x 13'5"	174 sq. ft.	2
Bedroom #2	13'5" x 12'4"	166 sq. ft.	2
Bedroom#3	14'6" x 13'11"	191 sq. ft.	2

Total capacity: 6

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to five residents whose diagnosis is developmentally disabled. The program will include social interaction, personal hygiene care and transportation.

C. Applicant and Administrator Qualifications

The applicant is Integrated Living, Inc., which is a "Domestic Nonprofit Corporation" established in Michigan on 12/3/1991. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with a projected budget.

The Board of Directors of Integrated Living, Inc. has submitted documentation appointing Karen Harris as the licensee designee and administrator of the facility.

A licensing record clearance was completed and the licensee designee and administrator is of good moral character. The licensee designee and administrator submitted a physician statement documenting her good health and current TB test with negative results.

Karen Harris, the licensee designee and administrator provided verification of her education and years of experience working with the developmentally disabled. The licensee designee and administrator also supplied verification of the necessary hours for training. Ms. Harris has approximately 24 years of training and experience of providing direct care services with the developmentally disabled population. Ms. Harris is also the licensee designee of several licensed adult foster care homes.

The licensee designee and administrator acknowledged it is her responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The licensee designee and administrator was also instructed about background check requirements. The licensee designee and administrator was provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity Solutions (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledged and understands the administrative rules regarding medication procedures. In addition, she indicated that resident's medications will be stored in a locked cabinet. A daily medication log will also be maintained.

The licensee designee understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them. The licensee designee acknowledged awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The licensee designee has indicated that it is her intention to maintain compliance with this requirement.

The licensee designee and administrator acknowledged it is her responsibility to maintain required resident records.

The licensee designee 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 adult small group home (capacity 1-6).

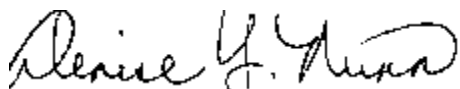


12/5/16

Roeiah Epps
Licensing Consultant

Date

Approved By:



12/09/2016

Denise Y. Nunn
Area Manager

Date

