



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 1, 2017

Julie Cooley
Central State Community Services, Inc.
Suite 201
2603 W Wackerly Rd
Midland, MI 48640

RE: Application #: AS250385494
Wilson Road Home
6359 W Wilson
Clio, MI 48420-8420

Dear Ms. Cooley:

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 and special certification, 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS250385494

Applicant Name: Central State Community Services, Inc.

Applicant Address: Suite 201
2603 W Wackerly Rd
Midland, MI 48640

Applicant Telephone #: (989) 631-6691

Licensee Designee: Julie Cooley

Administrator: Annette Terry

Name of Facility: Wilson Road Home

Facility Address: 6359 W Wilson
Clio, MI 48420-8420

Facility Telephone #: (810) 687-0202
11/03/2016

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

Special Certification: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

11/03/2016	Enrollment
11/07/2016	Contact - Document Received BCAL 1609 certification of Spec. Programs, central state comm. services paperwork, statement of revenue, verification of LARA nonprofit corp. report. BCAL 1326 and 3704 and TB negative for Julie Parrish (Cooley) and other Central State Community Sevices paperwork. TB results neg. for Annett Terry.
11/09/2016	Contact - Document Sent rules and act sent
11/09/2016	Application Incomplete Letter Sent Need 1326's for Julie Cooley and Annette Terry.
11/18/2016	Contact - Document Received BCAL-1326A for Julie Cooley and Annette Terry.
11/18/2016	File Transferred To Field Office Flint/Genesee
02/22/2017	Application Incomplete Letter Sent
03/03/2017	Contact - Document Received Portion of requested paperwork were received from applicant.
03/30/2017	Contact - Document Sent E-mail sent to applicant regarding the need for additional requested paperwork, before initial inspection could take place.
03/30/2017	Inspection Completed-Env. Health: A
04/05/2017	Contact - Document Received Additional paperwork was received from applicant.
04/25/2017	Inspection Completed-BCAL Full Compliance
05/01/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Wilson Road Home is a ranch style home that is located in a semi-rural area of Clio, MI. There is a two-car garage attached to the facility with concrete floors and room for storage. There is a covered cement porch at the front entrance and a small wooden

deck off the two back exits of the facility. The large crushed asphalt driveway provides ample parking space for staff and visitors. The facility has a total of four exits, with one of those being through the garage.

The main level of the home consists of a living room, dining area, kitchen, laundry room, two full baths, one half bath, family room, staff office, a foyer and three resident bedrooms. None of the facility's exits are at grade and the facility is not wheelchair accessible.

The facility's furnace and hot water heater are located in the basement and floor separation is achieved by a fully stopped, solid wood core door that is equipped with an automatic self-closing device and positive-latching hardware. There is at least one fire extinguisher located on each floor of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	20' 4" x 12' = 244 square feet	
Dining area	11' 3" x 13' 5" = 151 square feet	
Family Room	25' x 11' 4" = 283 square feet	
Bedroom #1	15' 5" x 11' 1" = 171 square feet	2 residents
Bedroom #2	11' 4" x 12' 2" = 138 square feet	2 resident
Bedroom #3	14' 6" x 11' 4" = 164 square feet	2 resident

The facility has a private water supply and private sewage disposal system. The Genesee County Health Department inspected the facility on 03/21/17 and the facility received an "A" rating.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents' age eighteen and over, who suffer from mental illness and/or developmental disabilities. The program plan is to provide the highest quality personal care and community living supports, plus options for transportation. The facility will specialize in teaching, coaching, reinforcing, and supporting skills in dressing, grooming, eating, bathing, toileting, and completing simple or complex tasks, all while providing a safe, secure and healthy living environment. The facility will contract with Genesee Health System for the provision of specialized residential services.

C. Applicant and Administrator Qualifications

Central State Community Services, Inc. is the applicant and Julie Cooley has been assigned as the licensee designee. Annette Terry has been assigned as administrator

of the facility. A criminal history background check was completed for Ms. Cooley and Ms. Terry and they have been determined to be of good moral character. They both submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://www.Miltcpartnership.org)), 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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, the required forms and signatures to be completed for each resident on an annual basis.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving 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 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 the applicant.

Julie Cooley has been a licensee designee of 31 licensed AFC group homes for approximately the last five years. Annette Terry is currently the administrator of 6 licensed AFC facilities and has 20 years experience working with this population. Ms. Cooley reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

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

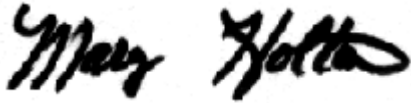


5/1/17

Christopher Holvey
Licensing Consultant

Date

Approved By:



5/2/17

Mary E Holton
Area Manager

Date