



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 4, 2017

Gary Ray  
Genesee Manor, Inc.  
19158 Santa Rosa  
Detroit, MI 48221

RE: Application #: AS820383852  
**Genesee Manor 2**  
**29825 Joy Road**  
**Westland, MI 48185**

Dear Mr. Ray:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste. 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832

enclosure

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

**I. IDENTIFYING INFORMATION**

**License Application #:** AS820383852

**Applicant Name:** Genesee Manor, Inc.

**Applicant Address:** 19158 Santa Rosa  
Detroit, MI 48221

**Applicant Telephone #:** (313) 449-6895

**Administrator/Licensee Designee:** Gary Ray

**Name of Facility:** Genesee Manor 2

**Facility Address:** 29825 Joy Road  
Westland, MI 48185

**Facility Telephone #:** (313) 949-2501

**Application Date:** 07/14/2016

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

07/14/2016	Enrollment
07/18/2016	Contact - Document Received bcal 3704-afc medical clearance for Gary Ray with negative TB results.
07/19/2016	Contact - Document Sent rules and act sent
07/19/2016	Application Incomplete Letter Sent NEED BCAL 1326 FOR Gary Ray and Michele Ray.
07/27/2016	Contact - Document Received BCAL 1326 for Gary Ray and Michele Ray
07/28/2016	File Transferred To Field Office Detroit/Wayne
08/11/2016	Application Incomplete Letter Sent
08/24/2016	Contact - Document Received Application documents received.
12/28/2016	Inspection Completed On-site
12/28/2016	Inspection Completed-BCAL Sub. Compliance
01/10/2017	Application Incomplete Letter Sent
03/28/2017	Inspection Completed On-site
03/28/2017	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single story brick dwelling located in a residential neighborhood in the city of Westland, in Wayne County. The facility has a paved circular driveway with a two car garage on one side of the building and a single car garage on the other side. There is space for staff and visitor parking in the driveways and on the street on the side of the facility. The facility has two living areas, two dining areas, five resident bedrooms, and three resident bathrooms. There are two kitchens in the facility with only one of them being used. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a solid wood core door. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in all the resident bedrooms, the basement areas, the living room, kitchen, dining room and hallways. The facility is equipped with fire extinguishers which are located on each level of the facility.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions:

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	12'1" X 7'2"	87.12	1 Resident
Bedroom # 2	10'11" X 8'11"	81.99	1 Resident
Bedroom # 3	13'7" X 13'9"	190.43	1 Resident
Bedroom # 4	13'11" X 8' 1"	106.19	1 Resident
Bedroom # 5	20'9" X 9'11"	190.39	2 Residents
Living Area - E	13'8" X 13'	179.4	
Living Area - W	20' 1" X 13	261.3	

The living areas measure a total of 440.7 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 six (6) residents.

This facility cannot accommodate wheelchairs.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept residents who are moderate to high functioning developmentally disabled adults, non-violent, non-aggressive and medically managed mentally ill adults, aged adults, adults who have been diagnosed with Alzheimer's disease and other forms of dementia and traumatically brain injured adults. The facility will provide additional training to staff that is specific to working with residents with Alzheimer's and also residents who have traumatic brain injuries.

The facility will provide residents with the opportunity to participate activities which can include baking/cooking, crafts, dance and exercise, table games, television/movies, and trips in the community which could include church, shopping, bowling dances, restaurants and other community activities that are available.

## **C. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by bank account balances, the projected income from caring for AFC residents along with income from operating an existing AFC.

The applicant is Genesee Manor Inc., a Domestic Nonprofit Corporation established in Michigan on 2/12/1986. 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.

Gary Ray is the licensee designee for the facility. A criminal history clearance was completed on 7/28/2016 for Mr. Ray and no criminal convictions were found. Mr. Ray submitted a medical clearance dated 5/13/2016 documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current negative TB test was also obtained for Mr. Ray.

Michele Ray is the administrator for the facility. A criminal history clearance was completed on 7/28/2016 for Ms. Ray and no convictions were found. Ms. Ray submitted a medical clearance dated 7/26/2016 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Ray.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Ray has over 8 years of experience as the licensee designee for AFC facility, Genesee Manor 1. Genesee Manor 1 is licensed to provide care to residents who are physically handicapped, mentally ill, developmentally disabled, traumatically brain

injured and the aged population. Ms. Ray has provided documentation of over 8 years of experience working part time with the licensee designee, Gary Ray as a direct care staff in this same facility.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that the direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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 t acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow up the retention schedule for those document contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 on-site inspections.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC small group home facility with a capacity of six (6) residents.



4/26/2017

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Andrea Green  
Licensing Consultant

Date

Approved By:



5/4/2017

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Ardra Hunter  
Area Manager

Date