

May 24, 2017

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

RE: Application #: AS820384154
Genesee Manor I
30002 Saint Martins
Livonia, MI 48152

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,



Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

LicenseApplication #: AS820384154

Applicant Name: Genesee Manor, Inc.

Applicant Address: 19158 Santa Rosa
Detroit, MI 48221

Applicant Telephone #: (313) 449-6895

Administrator/Licensee Designee: Gary Ray, Designee

Name of Facility: Genesee Manor I

Facility Address: 30002 Saint Martins
Livonia, MI 48152

Facility Telephone #: (313) 949-2501

Application Date: 07/29/2016

Capacity: 6

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

II. METHODOLOGY

07/29/2016	Enrollment
08/04/2016	Contact - Document Sent Rules & Act booklets
08/16/2016	Application Incomplete Letter Sent Per file application incomplete letter was mailed 8/16/2016.
01/30/2017	Application Complete/On-site Needed
03/06/2017	Inspection Completed On-site The onsite inspection was unsuccessful, the home is not furnished and/or equipped for Residents. Mr. Gary is an existing licensee and intends to close one facility and move all of the furniture to this home. Mr. Gary has not submitted all of the required documentation at this time.
03/06/2017	Comment The onsite inspection was unsuccessful; the home is not furnished and/or equipped for Residents. Mr. Ray is an existing licensee and intends to close one facility and move all of the furniture to the enrollment address. Mr. Ray has not submitted all of the required documentation at this time.
04/05/2017	Inspection Completed On-site
04/14/2017	Inspection Completed-BCAL Sub. Compliance
04/28/2017	Inspection Completed On-site
04/28/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Genesee Manor I is located in a residential area in the city of Livonia. The facility has four bedrooms with an attached garage. The facility is taupe brick and aluminum siding ranch style with a kitchen, living room, formal dining room, four bedroom and two baths. The facility has four bedrooms, three of the bedrooms will be used for resident sleeping and one bedroom will be used as an office. The facility is wheelchair accessible.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected,

hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.8 x 10.8	156	2
2	14.8 x 10.8	156	2
3	15.4 x 11.1	170	2

The living, dining, and sitting room areas measure a total of 723 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The facility has four bedrooms, three of the bedrooms will be used for resident sleeping and one bedroom will be used as an office. The licensee designee is aware that the fourth bedroom cannot be used to exceed license capacity.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of

this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Genesee Manor, Inc., which is a “Non Profit Corporation” was 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.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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 and contractors who have regular, ongoing, “direct access” to residents or 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) and the related documents required to be maintained in each employees 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 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 volunteer and the retention schedule for all of the documents contained within each employee's file.

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 and accident involving a 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 their responsibility to obtain all of the required 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. In addition, 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

RECOMMENDATION

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



5/18/2017

Denasha Walker
Licensing Consultant

Date

Approved By:



5/24/2017

Ardra Hunter
Area Manager

Date