



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 21, 2017

Catherine Speer
42449 Roberta St
Plymouth, MI 48170

RE: Application #: AF820386013
Roberta House
42449 Roberta St
Plymouth, MI 48170

Dear Ms. Speer:

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 2 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 blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF820386013
Licensee Name:	Catherine Speer
Licensee Address:	42449 Roberta St Plymouth, MI 48170
Licensee Telephone #:	(734) 680-2262
Administrator/Licensee Designee:	N/A
Name of Facility:	Roberta House
Facility Address:	42449 Roberta St Plymouth, MI 48170
Facility Telephone #:	(734) 680-2262
Application Date:	12/15/2016
Capacity:	2
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

12/15/2016	On-Line Enrollment
12/16/2016	Contact - Document Sent rules and act sent
12/16/2016	Application Incomplete Letter Sent BCAL-1326 for Sara Wojtala and Catherine Speer.RI-030 for Catherine Speer.
12/16/2016	Inspection Report Requested - Health invoice #1026455 Private well
01/10/2017	Contact - Document Received 1326 for Catherine Speer
01/11/2017	Application Incomplete Letter Sent RI 030/Live scan for Catherine and 1326 for Sara Wojtala sent back for completion
02/14/2017	Inspection Completed-Env. Health : A
05/24/2017	Contact - Document Received 1326 for Sara and RI-030 for Catherine
05/24/2017	Application Complete/On-site Needed
05/24/2017	File Transferred To Field Office Detroit
06/26/2017	Application Incomplete Letter Sent
07/21/2017	Application Incomplete Letter Sent
08/25/2017	Contact - Document Received Received some of the requested required forms.

08/30/2017	Contact - Document Sent Sent an email to licensee requesting a copy of the house guidelines.
09/13/2017	Contact - Document Received Received house rules, discharge policy and resident rights from Ms. Speer.
09/15/2017	Contact - Document Received Received check stubs and proof of employment letter from Ms. Speer for her brother David Speer.
09/21/2017	Contact - Face to Face
09/26/2017	Comment- Onsite inspection completed. There is extensive paneling throughout the home.
10/05/2017	Contact - Document Received Received an email from Ms. Speer. A follow-up onsite was scheduled for 10/26/17.
10/25/2017	Contact - Telephone call made Attempted to confirm onsite scheduled for 10/26/17. Left a message for Ms. Speer requesting that she contact me to confirm the appointment and to ensure that all of the paneling and wall paper has been removed.
11/01/2017	Inspection Completed-BCAL Sub.Compliance
11/01/2017	Confirming Letter sent
12/12/2017	Inspection Completed onsite
12/12/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Plant

The Roberta home is located in a residential area in Plymouth. The home is a single story/Ranch Style structure with no basement. The home is sided with wood and aluminum. The home consists of a living room, dining room, kitchen, 2 full bathrooms and four bedrooms. Two of the bedrooms will be occupied by the family leaving the other two for resident use. The home cannot accommodate residents who require the regular use of wheelchairs.

The heat plant and hot water heater are located on the main floor of the home and are installed in a fixed and permanent manner and in accordance with a manufacturer's instructions.

The home is equipped with hard wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home has private water and the Wayne County Health Department recommended full approval on 02/14/17.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Location	Dimensions	Square Footage
Living Room	15'2" x 16'9"	170 sq. ft.
Dining Room	12'5" x 13'8"	254 sq. ft.

The living rooms and dining room areas measured a total of 424 sq. ft. This exceeds the 35 sq. ft. per resident requirement.

Bedroom	Dimensions	Square Footage	Number of Beds
A	13'6" x 10'1'	136 sq. ft.	1
B	13'6" x 10'10"	146 sq. ft.	1

The applicant has requested a license for **2** residents, and based on the above information can accommodate **2** residents.

B. Administration/Program/Resident Care/Records

1. Population to be Served & Admission Criteria

The applicant intends to provide 24-hour supervision, protection and personal care to six (2) ambulatory, female adults whose diagnosis is Alzheimer's and Aged. The

program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs, if needed.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

2. Applicant and Household

Catherine Speer is the applicant. The applicant lives in the home with her brother David Speer and her sister-in-law Christy Speer. The applicant has designated a responsible person who can be available to supervise the residents in the applicant's absence.

3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character

A licensing record clearance request was completed with no lien convictions recorded for the applicant or responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant submitted financial information, and based on this information meets the requirements for financial stability and capability.

4. Staffing Plan, Proposed Ratios, Staff Training & Competencies

The supervision of residents in this family home licensed for (2) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the training and qualifications requirements for the responsible person or volunteers and/or staff to provide a specialized program prior to each person working in the home in that capacity or providing care to residents in the home.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or any additional staff or volunteers 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.

5. Records & Record Keeping

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 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 written discharge notice.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The following resident records were reviewed with the applicant:

Resident Identification Form
Resident care Agreement
Health Care Appraisal
Medication Record
Monthly Weight Record
Assessment Plan
Funds & Valuables Record Part 1 & 2
Incident/Accident Report

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 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 was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 2).



Pandrea Robinson
Licensing Consultant

12/14/17
Date

Approved By:



Ardra Hunter
Area Manager

12/21/17
Date