



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 8, 2018

Samantha Nieuwenbroek  
Life Center Inc  
15419 Middlebelt  
Livonia, MI 48154

RE: Application #: AS500390769  
**Parkway Group Home**  
**21614 S. Nunneley**  
**Clinton Twp, MI 48035**

Dear Ms. Nieuwenbroek:

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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS500390769
<b>Applicant Name:</b>	Life Center Inc
<b>Applicant Address:</b>	15419 Middlebelt Livonia, MI 48154
<b>Applicant Telephone #:</b>	586-739-9220
<b>Administrator/Licensee Designee:</b>	Samantha Nieuwenbroek
<b>Name of Facility:</b>	Parkway Group Home
<b>Facility Address:</b>	21614 S. Nunneley Clinton Twp, MI 48035
<b>Facility Telephone #:</b>	(586) 792-6420
<b>Application Date:</b>	10/02/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

09/15/2017	Licensing Unit The Licensing unit referred Cynthia White, Licensee Designee for background check review.
10/02/2017	Enrollment
10/04/2017	Contact - Document Sent The Licensing Unit sent the Rule & Act booklets to the Licensee Designee.
10/12/2017	File Transferred To Field Office Pontiac
10/16/2017	Contact - Document Received Licensing file received from Central office
11/21/2017	Application Incomplete Letter Sent
12/01/2017	Application Complete/On-site Needed
01/10/2018	Inspection Completed- Onsite
01/10/2018	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

### **A. Physical Description of Facility**

Parkway Group home is a ranch-style home with an attached garage and a fenced yard located in Clinton Township. The exterior is finished in brick with aluminum rim. The home is built on concrete slab and features a living room, kitchen with attached dining room, four bedrooms, two full bathrooms and a room dedicated as a staff office.

The facility and surrounding community is serviced with public water and sewage systems. The home is heated with a gas hot-water heater and has a gas hot water heater and air conditioning.

The heating system and hot water heater are in the main level of the home and equipped with an approved fire rated door with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired

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

The facility has been licensed for provide adult foster care services by Independent Opportunities Inc. This application for licensure is due to a change in licensees. The staff and residents have remained consistent during the change in licenses. The corporation merged with Life Center on 10/01/2016. The original license date for Parkway Group Home was 11/10/2005. The home is owned by Cucco Investment LLC. Cucco Investment LLC is leasing the home to Macomb County Community Mental Health Services. Life Center provided a letter from the owner that allows the State of Michigan to inspect for purposes of adult foster care licensing. A copy of the lease agreement was provided by Life Center.

The dimension and capacity of the rooms are as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4 x 12'	159	2
2	11 x 11	121	1
3	10.6 x 8	84.8	1
4	12.6 x 12	151	2

**Total capacity: 6**

The living room, dining room and living area measure a total of 661 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 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 Parkway Group Home were reviewed and accepted as written Parkway Group Home will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week for both men and women with developmental disabilities. The home is wheelchair accessible and can also accommodate individuals with physical impairments.

Parkway Group Home will provide for basic self-care and habilitation training. A team of professionals, family members, guardians, and group home staff will assess each resident in the home. An individual person-centered plan will be developed based on this assessment. The plan will define the areas of basic care, social education, personal adjustment, work resources, and behavior reduction programs that are necessary to meet each resident's needs. Parkway Group Home will provide assistance with activities of daily living and personal care including medication administration, personal hygiene direction, laundry skills, interpersonal relationship modeling, and cleaning of personal rooms and the household.

The proposed staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. The licensee designee, Samantha Nieuwenbroek, acknowledged that they will ensure the staff to resident ratio is adequate 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.

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

The applicant is Life Center, Inc. which is a “Domestic Nonprofit Corporation”, established in Michigan on 06/15/1982. An annual budget was provided projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Samantha Nieuwenbroek has been appointed as the licensee designee and administrator of the facility.

Licensing record clearance requests were completed with no LEIN convictions recorded for Ms. Nieuwenbroek. Ms. Nieuwenbroek submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

The licensee designee, Samantha Nieuwenbroek, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Nieuwenbroek was previously approved as a licensee designee and administrator through Independent Opportunities of Michigan, which merged with Life Center, Inc. in 2017. Ms. Nieuwenbroek has 20 years of experience working with developmentally disabled adults in licensed facilities. She has held positions as a direct care worker, home manager, program manager, licensee designee, and administrator.

Samantha Nieuwenbroek 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.

Samantha Nieuwenbroek acknowledged an understanding of the responsibility to assess the good moral character of employees and 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.

Samantha Nieuwenbroek acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. Resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Samantha Nieuwenbroek 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 licensee designee acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Samantha Nieuwenbroek 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.

Samantha Nieuwenbroek 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.

Samantha Nieuwenbroek acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. A separate Resident Funds Part II BCAL-2319 form will be completed 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 residents' personal money transactions that have been agreed to be managed by Lake Orion.

Samantha Nieuwenbroek 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 and indicated the intent to respect and safeguard these resident rights.

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

Samantha Nieuwenbroek 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.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determine. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.



05/08/2018

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LaShonda Reed  
Licensing Consultant

Date

Approved By:



05/08/2018

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Denise Y. Nunn  
Area Manager

Date