



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 1, 2018

Tamisha Turner
The Chateau Group Of Michigan LLC
Po Box 81
Walled Lake, MI 48390

RE: Application #: AS630391762
Chateau Of Bloomfield
2660 Vhay Lane
Bloomfield, MI 48304

Dear Ms. Turner:

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 six (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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS630391762

Licensee Name: The Chateau Group Of Michigan LLC

Licensee Address: PO Box 81
Walled Lake, MI 48390

Licensee Telephone #: (248) 252-8888

Administrator/Licensee Designee: Tamisha Turner

Name of Facility: Chateau Of Bloomfield

Facility Address: 2660 Vhay Lane
Bloomfield, MI 48304

Facility Telephone #: (248) 252-8888

Application Date: 12/13/2017

Capacity: 6

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

II. METHODOLOGY

12/13/2017	On-Line Enrollment
12/14/2017	Lic. Unit file referred for background check review red screen for Tamisha Turner
12/19/2017	Contact - Document Sent Rules and Acts books
12/27/2017	Contact - Document Received 1326 for Tamisha
01/04/2018	File Transferred To Field Office Pontiac
01/08/2018	Contact - Document Received Licensing file received from Central office
01/19/2018	Application Incomplete Letter Sent
03/16/2018	Contact - Telephone call made Telephone call made to applicant Tamisha Turner to follow up on the small AFC home application. Left a message.
03/16/2018	Contact - Telephone call received On-site scheduled 03/23/2018 at 1:00pm.
03/16/2018	Application Complete/On-site Needed
03/23/2018	Contact - Telephone call received On-site rescheduled for 03/30/2018 at 1:00pm per applicant's Tamisha Turner request.
03/30/2018	Contact - Document Received Received an email from applicant Tamisha Turner requesting to cancel the on-site inspection.
03/30/2018	Application Incomplete Letter Sent
05/01/2018	Inspection Completed On-site
05/01/2018	Inspection Completed-BCAL Sub. Compliance
05/02/2018	Application Incomplete Letter Sent Confirming letter sent

07/18/2018	Inspection Completed On-site
07/18/2018	Inspection Completed-BCAL Full Compliance
07/24/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single level ranch style facility located in the city of Bloomfield. The single level consists of three resident bedrooms, kitchen with dining area, living room with an adjoining office and game area, den, full bathroom, and a laundry room. There is also a lavatory that would be used by staff only. This facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located also located on the single level in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. 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	16'8" x 13'6" -10'7" x 2'6"	198.60	2
2	14'11 x 14'9 -2'6"x 10'4"	194.24	2
3	12'5" x 13'9"	170.78	2

Total capacity: 6

The living, dining, and sitting room areas measure a total of 950.91 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

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 The Chateau Group Of Michigan LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 01/04/2011. The Chateau Group Of Michigan LLC 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.

The members of The Chateau Group Of Michigan LLC have submitted documentation appointing Tamisha Turner as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Turner. Ms. Turner submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Turner provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Turner has served as Licensee Designee and Administrator of another licensed adult foster care facility, Chateau of Novi (AS630298741), since 01/22/2009. She has over nine years of experience providing care to the following populations: physically handicapped, developmentally disabled, mentally ill, Aged, Traumatically Brain Injured, and Alzheimer's.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff-to-6 residents per shift. Ms. Turner acknowledged that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Turner indicated that direct care staff will be awake during sleeping hours.

Ms. Turner acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Turner 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.

Ms. Turner 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 employee’s record to demonstrate compliance.

Ms. Turner acknowledged 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, Ms. Turner indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Turner acknowledged her 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, Ms. Turner acknowledged her 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 the retention schedule for those documents contained within each employee’s record.

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

Ms. Turner acknowledged her 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.

Ms. Turner acknowledged her 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.

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

Ms. Turner acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Turner indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Turner acknowledged 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. Ms. Turner indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

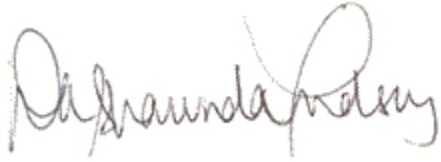
Ms. Turner acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant The Chateau Group Of Michigan LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

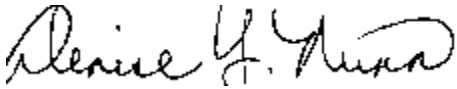


07/24/2018

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



08/01/2018

Denise Y. Nunn
Area Manager

Date