



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 7, 2018

Lisa Rice
Coventry Home, LLC
14901 Coventry
Southgate, MI 48195

RE: Application #: AM820393308
Coventry Home
14901 Coventry Drive
Southgate, MI 48195

Dear Ms. Rice:

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 11 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 #:	AM820393308
Licensee Name:	Coventry Home, LLC
Licensee Address:	14901 Coventry Southgate, MI 48195
Licensee Telephone #:	(248) 762-4668
Administrator/Licensee Designee:	Lisa Rice
Name of Facility:	Coventry Home
Facility Address:	14901 Coventry Drive Southgate, MI 48195
Facility Telephone #:	(833) 811-7197
Application Date:	03/27/2018
Capacity:	11
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

03/27/2018	On-Line Enrollment
03/28/2018	Inspection Report Requested - Fire
03/28/2018	Contact - Document Sent Fire Safety String
07/03/2018	Inspection Completed-Fire Safety: A
08/01/2018	Contact - Document Received 1326 for Jason Laing. 100 for Lisa Rice Administrator
09/05/2018	File Transferred To Field Office Detroit
09/26/2018	Application Incomplete Letter Sent
10/29/2018	Contact - Document Received Received all incomplete application documents.
11/14/2018	Application Complete/On-site Needed
11/15/2018	Inspection Completed On-site
11/15/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Coventry Home is located in the downriver community of Southgate in the county of Wayne. The exterior of the home consists of tan aluminum siding and brick and sits on a large corner lot. The home has 8 bedrooms, 3 full and 1 ½ bathroom, and a large finished basement. The home also has a paved driveway with a two-car attached

garage. The living, dining, and activity areas measure a total of 592 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is not wheelchair accessible.

The furnace and hot water heater are located in the basement in a room that is constructed of material that has a 1-hour-fire-resistance rating and is equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, 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	10'11"x11'	120 sq.ft.	1
2	11'6"x12'	138 sq.ft.	1
3	12'5"x11'1"	138 sq.ft.	1
4	13'8"x17'1"	233 sq.ft.	2
5	12'11"x14'	181 sq.ft.	1
6	12'11"x13'5"	173 sq.ft.	1
7	12'11"x11'2"	144 sq.ft.	2
8	9'3"x16'3"	150 sq.ft.	2

Based on the above information, it is concluded that this facility can accommodate **eleven (11)** 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, personal care in addition to room and board to eleven (11) male or female ambulatory Aged and Alzheimer's adults.

The licensee will assure transportation is available 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

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.

C. Applicant and Administrator Qualifications

The applicant is Coventry Home, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/07/2017. 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.

The Board of Directors of Coventry, L.L.C. has submitted documentation appointing Lisa Rice as Licensee Designee and Administrator of the 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 2 staff –to- 11 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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/licensee designee 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 medium group home (capacity 1-11).



Pandrea Robinson
Licensing Consultant

12/05/18
Date

Approved By:



12/07/18

Ardra Hunter
Area Manager

Date