



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 21, 2018

Roger Covill
North-Oakland Residential Services Inc
P. O. Box 216
Oxford, MI 48371

RE: Application #: AS500380604
Clinton River
11475 Nineteen Mile Road
Sterling Heights, MI 48314

Dear Mr. Covill:

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 5 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 blue ink, appearing to read "Linda Pavlovski".

Linda Pavlovski, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 835-6827

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500380604
Applicant Name:	North-Oakland Residential Services Inc
Applicant Address:	106 S. Washington Oxford, MI 48371
Applicant Telephone #:	(248) 969-2392
Administrator/Licensee Designee:	Roger Covill
Name of Facility:	Clinton River
Facility Address:	11475 Nineteen Mile Road Sterling Heights, MI 48314
Facility Telephone #:	(586) 739-6153
Application Date:	09/22/2015
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/22/2015	Enrollment Online enrollment
12/08/2015	Contact - Document Sent Rules & Act booklets
12/08/2015	Lic. Unit file referred for background check review Bradley - Red screen
12/08/2015	Lic. Unit file referred for background check review Bradley - Self-Conf
12/08/2015	Contact - Document Received Per e-mail, Bradley will be administrator as well
12/23/2015	File Transferred To Field Office Pontiac/CT
12/29/2015	Contact - Document Received Licensing file received from Central office
01/06/2016	Application Incomplete Letter Sent
02/05/2016	Contact - Telephone call made to Mr. Covill.
01/13/2017	Contact - Telephone call made Phone call to North Oakland Residential Services office
01/27/2017	Inspection Completed-BCAL Sub. Compliance
02/24/2017	Contact - Telephone call made Phone call to Mr. Covill.
02/28/2017	Contact - Document Received Documents received.
04/12/2017	Contact - Document Received E-mail communication received.
03/23/2018	Contact - Document Sent E-mail sent to Mr. Covill.
04/10/2018	Contact - Document Received Licensing documents received.
10/08/2018	Contact - Document Received E-mail received.

10/08/2018	Contact - Document Sent E-mail sent to Mr. Covill.
11/30/2018	Inspection Completed On-site
11/30/2018	Application Complete/On-site Needed
12/21/2018	Inspection Completed-BCAL Full Compliance
12/21/2018	Recommend License Issuance
12/21/2018	SC-Recommend DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-family brick and siding ranch-style home and is fully landscaped. The home is in a residential neighborhood in Sterling Heights, a suburb north of the city of Detroit. The home and community are serviced by public water and sewage system. Medical, educational, and social resources are located within proximity to the home in the surrounding community.

Clinton River features an interconnected smoke detection. Fire extinguishers have been installed and mounted as required in the home. The home is heated by gas, forced-air furnace which is located in the basement of the home complete with a 1³/₄ inch solid core fire resistance door equipped with an automatic self-closing device and positive-latching hardware. The home also features central air conditioning. The facility's heating, cooling, and electrical systems have been inspected by qualified inspectors and certified as being in good operating condition.

The family and the living room are located off the front entrance. The residents' dining area is shared with the common area. There is an office next to the kitchen and laundry room. The home features two full baths in the hallway by the bedrooms. I measured all the community living space and bedrooms within the home to determine occupancy limits.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	14'4" x 19'7" plus 17'2"	281 sq. ft.	2
Bedroom #2	11'11" x 9'5"	112 sq. ft.	1
Bedroom #3	10' x 10'	100 sq. ft.	1
Bedroom #4	9'2" x 10'	92 sq. ft.	1

Total capacity: 5

The living, family, dining and medication room areas measure a total of 636 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate five (6) residents per the AFC the rule requirement R400.14405 (1) and R400.14409 (2)(3). It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

North-Oakland Residential Services, Inc. submitted an original application for licensure on September 2015. The intended population is male and female adults between 18 years of age or older who require foster care due to being developmentally disabled in the least restrictive environment possible. North-Oakland Residential Services, Inc. has a contract with Macomb Oakland Regional Center to provide services and placement of residents. In coordination with an assigned supports coordinator, an individual plan of service will be designed and implemented for each resident's social, emotional, and behavioral developmental needs. Program services that will be utilized in the home include basic self-care, social education, tutorial/special skills, adult activity, work activity, sheltered workshop, behavioral management, transportation, health services, and needs assessments.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

C. Applicant and Administrator Qualifications

The applicant is North-Oakland Residential Services, Inc., which is a "Non-Profit Domestic Corporation" and was established in Michigan on May 30, 1980. 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 North-Oakland Residential Services, Inc. has submitted documentation appointing Roger Covill as Licensee Designee for this facility. Mr. Covill currently supervises 15 licensed AFC homes in Macomb and Oakland County. Mr. Covill has been employed with North-Oakland Residential Services, Inc. since 1983. Mr. Covill has worked in adult foster care group homes for 35 years, beginning as a director care worker, home manager, and then a Program Manager overseeing all the North-Oakland Residential Services program needs. Mr. Covill then was appointed the Director of Operations in 2016 and became licensee/administrator for all of North-Oakland Residential Services, Inc. homes.

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

Mr. Covill has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules as outlined in Rule 400.14201 (3)(a) through (i).

The staffing pattern for the original license of this 5-bed facility is adequate and includes 2 staff to 5 residents per day and afternoon shifts, as well as midnight shifts. All staff shall be awake during sleeping hours.

Mr. Covill, the licensee designee, acknowledges his 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, Mr. Covill acknowledges his 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 the documents contained within each employee's file. Mr. Covill 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 as required with Rules 400.14204 and 400.14208.

Roger Covill acknowledged an understanding of the responsibility to assess the good moral character of employees, volunteers, 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Roger Covill 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, Mr. Covill 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 required with Rules 400.14312.

Roger Covill acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Covill indicated that it is his intent to achieve and maintain compliance with these requirements consistent with Rules 400.14304.

Roger Covill 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. Mr. Covill has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor per Rules 400.14311.

Roger Covill acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply consistent with Rules 400.14315.

Roger Covill acknowledges his responsibility to obtain all 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, Mr. Covill acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file consistent with Rule 400.14316(1)(a) through (2).

Roger Covill acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested per Rules 400.14302.

Both the staff and resident files will be reviewed prior to the expiration of the temporary license during the next onsite inspection.

D. Rule/Statutory Violations

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a small group home (12 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted, however, that at the time of licensure, this facility is currently providing services to five individuals. This application is a change in corporations from Home Life Styles, Inc. to North-Oakland Residential Services, Inc.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).

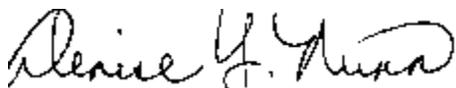


12/21/2018

Linda Pavlovski
Licensing Consultant

Date

Approved By:



12/21/2018

Denise Y. Nunn
Area Manager

Date