



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 19, 2018

Karen Harris  
Integrated Living, Inc.  
43133 Schoenherr Road  
Sterling Heights, MI 48313

RE: Application #: AS500392831  
**Chapman**  
**40290 Ryan**  
**Sterling Heights, MI 48310**

Dear Mrs. Harris:

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>	AS500392831
<b>Licensee Name:</b>	Integrated Living, Inc.
<b>Licensee Address:</b>	43133 Schoenherr Road Sterling Heights, MI 48313
<b>Licensee Telephone #:</b>	(586) 731-9800
<b>Administrator/Licensee Designee:</b>	Karen Harris
<b>Name of Facility:</b>	Chapman
<b>Facility Address:</b>	40290 Ryan Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(586) 731-9800 02/28/2018
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

02/28/2018	On-Line Enrollment
03/01/2018	Contact - Document Sent Rules and Acts books
08/03/2018	Contact - Document Received App; cl's for Karen (LD & Admin); list of active licenses
08/10/2018	Contact - Document Received Licensing file received from Central office
08/16/2018	Application Incomplete Letter Sent Document sent via email to Jeff Swanson and Karen Harris.
09/02/2018	Application Complete/On-site Needed
09/18/2018	Inspection Completed On-site
10/18/2018	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

Chapman home is located at 40290 Ryan Rd in Sterling Heights, MI. The home is a single-family home with three bedrooms and two full bathrooms. The home consists of a living room, family room, kitchen, dining room, office and first floor laundry room. The home has an attached garage. The home is wheelchair accessible.

The home is heated by a natural gas, forced-air furnace; the furnace and gas hot water heater located on the main level of the home. The home is built on a crawl and there is no basement. The furnace includes a fire-rated door with self-closing device in an outside furnace room. There is an interconnected smoke detector system powered by the facility's electrical system with battery backup. Fire extinguishers are installed on the first-floor home. The home's electrical and heating systems have been inspected by qualified inspection services and determined to be in good operating condition, compliant with local codes and ordinances. The home has central air and forced heating. The home uses municipal water and sewage.

The home is close to Baumgartner Park, Sterling Heights Family Park and Freedom Hill County Park. The home is near many community resources, several restaurants and shopping centers.

The home is owned by Walter Walker and an appropriate lease agreement, permission to inspect the property for use of an adult foster care facility was submitted.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16.9 x 11	184.25	2
2	11 x 17	187	2
3	11 x 17	187	2

**Total capacity: 6**

The living room, family room and dining room is 540.9 square feet. This exceeds the minimum of 35 square feet per resident requirement. The total square footage of the home is 2,364 square feet.

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**

The Chapman Home is six-person small group home that provided residential care for adult males with diagnosis of developmentally delayed and physically handicapped. The home will serve ambulatory and non-ambulatory residents with various levels of disabilities.

Chapman Home will provide specialized services through Macomb Oakland Regional Center, Inc. (MORC). The contract with MORC consist of a per diem for the home established contractually to provide twenty-four home room and board, personal care and supervision.

Each resident in the home will be assessed and served by a professional team including social workers, psychologist and medical staff. The program is designed to provide her care for individuals based on their Individual Plan of Service (IPOS) and assessment plan. The program is designed to provide basic selfcare, socialization, education, personal adjustment, day programs community integration and behavior management programs to meet the needs od the residents. In most case, transportation services are provided to the residents.

Chapman Home has appropriate policies in place for admission, discharge, emergency discharge, fee and refunds, reporting requirements and staff competencies. Resident/recipient rights, House Rules, medication management, infection and disease control and emergency preparedness programs are in place. Staff training, and job description are sufficient along with proposed staffing patterns and personnel policies. A sufficient budget and verification of resources was provided by Chapman Home.

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

The applicant for the Chapman Home is Integrated Living, Inc. which is, a Domestic Nonprofit Corporation established 12/03/1991. Integrated Living, Inc has appointed the licensee designee and administrator as Ms. Karen Harris. Ms. Karen Harris has a Bachelor of Arts and Master of Science degrees in Occupational Therapy from Wayne State University, Detroit MI and has training in all required areas, including First Aid and CPR. Ms. Harris has successfully operated eight other adult foster homes throughout Oakland and Macomb County. Ms. Harris has demonstrated her competency as required by the rule R400.14201. At the time of the final inspection, Ms. Harris indicated that there were no changes to report in information previously submitted in this application for a license.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of minimum of staff to four residents per shift. Ms. Karen Harris acknowledges 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. Karen Harris has indicated that direct care staff will be awake during sleeping hours.

Ms. Karen Harris acknowledged that at no time would 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 ration or expectation to assist in providing supervision, protection, or personal care to the resident population.

Ms. Karen Harris acknowledges an understanding of the qualification, suitability, and training requirement for direct care staff prior to each person working in the facility tin that capacity or being considered as part of the staff to resident ratio.

Ms. Karen Harris acknowledges an understanding of the responsibility to access the good moral character of employees and contractors who have 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Karen Harris 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, Ms. Karen Harris 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.

Ms. Karen Harris acknowledges his 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. Karen Harris acknowledges their 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. Karen Harris 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.

Ms. Karen Harris acknowledges 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.

Ms. Karen Harris acknowledges their 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. Karen Harris acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Karen Harris acknowledges 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. Karen Harris acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Karen Harris indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Karen Harris acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents, accidents, and the responsibility to conduct an immediate investigation of the cause. Ms. Karen Harris has 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. Karen Harris 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. Ms. Karen Harris acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules at the time of inspection.

**IV. RECOMMENDATION**

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

*L. Reed*

10/18/2018

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*A. Hunter*

10/19/2018

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Ardra Hunter  
Area Manager

Date