



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 6, 2019

Kimberly O'Neal
Spectrum Community Services
28303 Joy Rd.
Westland, MI 48185

RE: Application #: AS630397249
Holcomb Home
265 Crescent Hill Drive
Ortonville, MI 48462

Dear Mrs. O'Neal:

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630397249
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(616) 447-9380
Licensee Designee:	Kimberly O'Neal
Administrator:	Kimberly Martin
Name of Facility:	Holcomb Home
Facility Address:	265 Crescent Hill Drive Ortonville, MI 48462
Facility Telephone #:	(734) 458-8729
Application Date:	11/15/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

11/15/2018	On-Line Enrollment
11/16/2018	Contact - Document Sent Acts book
11/16/2018	Licensing Unit file referred for background check review Given to Candace Facility/People with Red Screen.
11/16/2018	Licensing Unit file referred for background check review Given to Canace Kimberly has ICHAT hit.
12/05/2018	Contact - Document Received 1326 for Kimberly O. 100 for Kimberly M.
12/05/2018	File Transferred to Field Office Pontiac
12/10/2018	Contact - Document Received Licensing file received from Central office
12/20/2018	Application Incomplete Letter Sent
12/20/2018	Application Complete/On-site Needed
02/12/2019	Inspection Completed On-site
02/12/2019	Inspection Completed-BCAL Sub. Compliance
03/11/2019	Inspection Completed-Env. Health: A
03/14/2019	Corrective Action Plan Received
03/15/2019	Corrective Action Plan Approved
06/05/2019	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 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Holcomb Home is a large single-story ranch home located in the City of Ortonville, Michigan in Oakland County. The neighborhood is characterized with similar structures on large parcels of land. The facility is located within two miles of convenient neighborhood shopping outlets and strip malls in the area. The home has four bedrooms. In addition to the bedrooms, the home has a kitchen, dining room, family room and a large living room. There are two bathrooms to accommodate the residents and staff. The home is wheelchair accessible and has two approved means of egress that are at ground level. Holcomb Home is served by private water and sewer systems. An Environmental Health inspection was conducted on 03/11/2019 by the Oakland County Health Division Sanitarian giving the facility a substantial compliance rating for both systems.

The furnace and hot water heater are located in the basement, with adequate fire safety enclosure. A 1-inch-3/4 solid core hardwood door with a self-closing device is located at the top of the stairs leading to the basement for adequate fire separation. 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	10'10" x 15'4"	166	2
2	10'10" x 15'5"	167	2
3	10'10" x 14'10"	161	1
4	10'10" x 14'10"	161	1

Total capacity: 6

The dining room, family room and large living room area measured a total of **485** square feet of living space. This exceeds the minimum of 35 square feet per resident.

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

The applicant intends to provide 24-hour supervision, protection and personal care to **6** both male or female and ambulatory and non-ambulatory residents who are aged, mentally ill, developmentally disabled, and physically handicapped. 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 referrals from Oakland County Community Health Network Access Center and Macomb Oakland Regional Center (MORC), Inc.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Spectrum Community Services, Inc., is a "Non-Profit Corporation" established in Michigan on 11/18/1988. Spectrum Community Services, Inc., 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 Spectrum Community Services, Inc., has submitted documentation appointing Kimberly O'Neal as licensee designee and Kimberly Martin as administrator of the facility.

Criminal history background checks of Mrs. Kimberly O'Neal, licensee designee and Ms. Kimberly Martin, the administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mrs. O'Neal and Ms. Martin submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The licensee designee, Mrs. Kimberly O'Neal, has a bachelor's degree in interdisciplinary studies and has completed all training required under AFC licensing. Mrs. O'Neal has over 6 years' experience working with and providing services to developmental disabilities and mental illness. She has also held a position as a Supports Coordinator, Behavioral Technician, Program Administrator and Director since she began employment in 2011 with Spectrum Community Services. The administrator, Ms. Kimberly Martin. Ms. Martin has a diploma and more than 20 years of experience working with the population of developmentally disabled and mental illness. For the past ten years, Ms. Martin has held positions as a Direct Care Worker, Medical Coordinator, Program Administrator and Quality Coordinator.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 3 staff for 6 residents per shift. The applicant(s) acknowledged that the staff to resident ratio may need to be decreased 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. The applicant(s) has indicated that direct care staff will be awake during sleeping hours.

Mrs. O'Neal and Ms. Martin 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.

Mrs. O'Neal and Ms. Martin acknowledged an understanding of the responsibility to assess the good moral character of employees. Mrs. O'Neal and Ms. Martin acknowledge 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) and the related documents required to demonstrate compliance.

Mrs. O'Neal and Ms. Martin acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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.

Mrs. O'Neal and Ms. Martin 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, Mrs. O'Neal and Ms. Martin acknowledged the 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.

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

Mrs. O'Neal and Ms. Martin acknowledge the responsibility to obtain the required written assessment, 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.

Mrs. O'Neal and Ms. Martin 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.

Mrs. O'Neal and Ms. Martin acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mrs.

O'Neal and Ms. Martin 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 residents personal money transactions that have been agreed to be managed by the applicant.

Mrs. O'Neal and Ms. Martin 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. Mrs. O'Neal and Ms. Martin indicated the intent to respect and safeguard these resident rights.

Mrs. O'Neal and Ms. Martin 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.

Mrs. O'Neal and Ms. Martin 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.

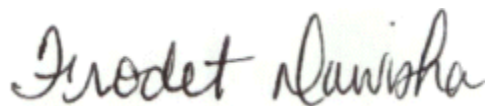
Mrs. O'Neal and Ms. Martin acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

II. RECOMMENDATION

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



06/06/2019

Frodet Dawisha
Licensing Consultant

Date

Approved By:



06/06/2019

Denise Y. Nunn
Area Manager

Date