



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 23, 2019

Angelique Moore
Alta First Care & Rehab
21650 W. 11 Mile Rd.
Ste. # 207A
Southfield, MI 48076

RE: Application #: AS630399158
Alta First Care & Rehab
4294 Pine Trail
Bloomfield Hills, MI 48302

Dear Ms. Moore:

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 "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630399158
Applicant Name:	Alta First Care & Rehab
Applicant Address:	4294 Pine Tree Trail Bloomfield Hills, MI 48302
Applicant Telephone #:	(313) 820-6907
Licensee Designee:	Angelique Moore
Name of Facility:	Alta First Care & Rehab
Facility Address:	4294 Pine Tree Trail Bloomfield Hills, MI 48302
Facility Telephone #:	(248) 518-0299
Application Date:	04/08/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/08/2019	Enrollment App submitted online 3/31/19 did not download.
04/08/2019	Contact - Document Sent Act book
04/08/2019	Application Incomplete Letter Sent RI-030 and FP for Angelique.
04/22/2019	Contact - Document Received RI-030 and FP for Angelique.
04/22/2019	File Transferred to Field Office Pontiac
04/25/2019	Contact - Document Received Licensing file received from Central office
05/09/2019	Application Incomplete Letter Sent
06/25/2019	Contact - Document Received Program statements, policy
07/30/2019	Contact - Telephone call made Scheduled onsite inspection
08/13/2019	Inspection Completed On-site
08/13/2019	Inspection Completed-BCAL Sub. Compliance
08/28/2019	Corrective Action Plan Received
08/28/2019	Corrective Action Plan Approved
08/28/2019	Contact - Document Received Updated policies, training documentation
12/02/2019	Inspection Completed On-site
12/03/2019	Contact - Document Received Physical for licensee designee
12/06/2019	Contact - Document Received Updated budget, policies

12/12/2019	Inspection Completed On-site
12/12/2019	Inspection Completed-BCAL Full Compliance
12/12/2019	Application Complete

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 and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Alta First Care & Rehab is located in a residential area at 4294 Pine Tree Trail, Bloomfield Hills, MI 48302. The home is a single story, brick structure with an attached two car garage. The first floor of the home consists of a sitting room, living room, dining room, kitchen, two full bathrooms (one bathroom is shared between two bedrooms), and four bedrooms.

Alta First Care & Rehab is located within 5 miles of St. Joseph Mercy Hospital, which includes a 24/7 emergency department. The Bloomfield Twp. police department will respond to emergency calls from the home. There are several places of worship, local shopping centers, and dining options located within the community.

The furnace and hot water heater are located in a utility room off of the kitchen/dining room area with a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. There is no basement in the home. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. The refrigerator and freezer are equipped with thermometers. The water temperature is between 105-120° F. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress, which lead directly to firm-surfaced, unobstructed ground which allows the occupants to move a safe distance away from the building. The home is qualified for admission of residents who use a wheelchair.

Bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.5 x 11.3	141.25	1
2	15.9 x 12	190.8	2
3	16 x 10	160	2
4	12 x 10.2	122.4	1

Total capacity: 6

The living room, sitting room, and dining room areas offer a total of 613.6 square feet of living space, which exceeds the required 35 square feet of living space for six residents.

Based on the above information, it is concluded that this facility can accommodate six 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 Alta First Care & Rehab were reviewed and accepted as written. Alta First Care & Rehab will provide a home-like setting for the care of up to six individuals who have experienced a developmental disability, mental health challenge, and/or a cognitive/physical impairment, such as a traumatic brain injury. Alta First Care & Rehab will provide the most appropriate and least restrictive environment possible, which will maximize the social and psychological growth of the residents. The goal is for the residents to receive individualized support to help them become as self-sufficient as possible and for their needs to be met in a dignified manner.

The facility will provide 24-hour care and supervision for each resident. The trained staff will administer medications that are prescribed by a licensed physician or dentist and dispensed by a pharmacist to each resident as prescribed. Personal assistance will be provided with dressing, grooming, and personal hygiene, as well as by helping the residents to develop these personal and social skills that are required to live in the least restrictive environment. The facility will also make available various table games, indoor exercise time, and outdoor recreation at places such as the YMCA and the activity centers in the community. Residents will be given opportunities to participate in outdoor activities such as picnicking, camping, boating, and outdoor sports.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted to provide the level of supervision or personal care required by the residents due to their behavioral, physical, or medical needs.

C. Applicant and Administrator Qualifications

The applicant is Alta First Care & Rehab LLC which is a “Domestic Limited Liability Company” established in Michigan on 03/01/19. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Alta First Care & Rehab LLC has appointed Angelique Moore as the licensee designee and Tashia Miller as the administrator of the facility.

Licensing record clearance requests were completed for Ms. Moore and Ms. Miller. Ms. Moore and Ms. Miller submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Moore and Ms. Miller meet the qualifications and training requirements identified in the administrative group home rules. Ms. Moore has a Master of Science degree in nursing and over 20 years of nursing experience at the registered nurse (RN) level, including working with adults with traumatic brain injuries, developmental disabilities, mental illness, and chronic diseases in the hospital and home care settings. Ms. Miller has a Master of Arts degree in special education. She has more than two years of experience as an adult foster care administrator and as a Supports Coordination Specialist, working with individuals who are developmentally disabled, mentally ill, and cognitively impaired.

Ms. Moore 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. Moore acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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.

Ms. Moore acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Ms. Moore 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. Moore 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, Ms. Moore acknowledged the responsibility to maintain a current employee record on file in the

home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Moore acknowledged 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. Moore 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.

Ms. Moore acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Moore acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 Alta First Care & Rehab LLC.

Ms. Moore 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Moore 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.

Ms. Moore 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.

C. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care facility, Alta First Care & Rehab, with a capacity of six residents.

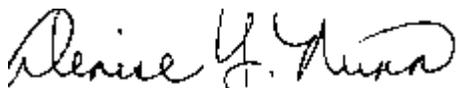


12/19/2019

Kristen Donnay
Licensing Consultant

Date

Approved By:



12/23/2019

Denise Y. Nunn
Area Manager

Date