



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 21, 2020

Janet Patterson  
Advocates for Self Determination, LLC  
Suite 102  
28237 Orchard Lake Rd.  
Farmington Hills, MI 48334

RE: Application #: AS630402110  
**St. Marys Home**  
**24156 St. Marys**  
**Farmington, MI 48336**

Dear Ms. Patterson:

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 cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630402110

**Applicant Name:** Advocates for Self Determination, LLC

**Applicant Address:** Suite 102  
28237 Orchard Lake Rd.  
Farmington Hills, MI 48334

**Applicant Telephone #:** (248) 723-7152

**Administrator/Licensee Designee:** Janet Patterson

**Name of Facility:** St. Marys Home

**Facility Address:** 24156 St. Marys  
Farmington, MI 48336

**Facility Telephone #:** (248) 723-7152

**Application Date:** 10/17/2019

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED  
AGED

## II. METHODOLOGY

10/17/2019	Enrollment
10/22/2019	Contact - Document Received 1326 for Janet
10/22/2019	Application Incomplete Letter Sent RI030 for Janet
11/20/2019	Contact - Document Received Licensing file received from Central office
12/12/2019	Application Incomplete Letter Sent
12/19/2020	Contact - Document Received Received documents
01/24/2020	Application Complete/On-site Needed
02/19/2020	Inspection Completed On-site
02/19/2020	Inspection Completed-BCAL Sub. Compliance
02/20/2020	Application Incomplete Letter Sent Confirming letter emailed
02/20/2020	Contact - Document Received Received documentation
03/27/2020	Contact - Document Received Documents received
04/06/2020	Application Incomplete Letter Sent Confirming letter emailed
04/06/2020	Contact - Document Received Received documentation
04/07/2020	Contact - Document Received Received documentation
04/08/2020	Contact - Document Received Received documentation
04/09/2020	Contact - Document Received
04/13/2020	Contact - Document Received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is located in the city Farmington Hills. The main level consists of a living room, office and a kitchen with an adjoined dining area. There is also a nonresident bedroom and a lavatory that is off limits to the residents. The upper level consists of three resident bedrooms and a full bathroom. This facility is not wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement with a 1<sup>3</sup>/<sub>4</sub>-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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	12'3" x 16'2"	198.08	0
2	16'5" x 15'4" -10' x 5'4"	198.42	2
3	12 x 9'5"	113.04	1
4	15'11" x 15'2" -11'2" x 9'11"	130.70	2

**Total: 5**

\*This is a nonresident bedroom.

The living, dining, and sitting room areas measure a total of 179.63 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 and personal care to **five** (5) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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 residents from Oakland County DHS and Oakland County CMH as a referral source.

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.

The licensee will provide all transportation 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.

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

The applicant is Advocates for Self Determination, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 03/10/2010. Advocates for Self Determination, LLC 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 members of Advocates for Self Determination, LLC have submitted documentation appointing Janet Patterson as Licensee Designee and Administrator of the facility.

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

Ms. Patterson has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Patterson has served as Licensee Designee and Administrator of licensed adult small group home Saginaw Center (AS630339657) since 11/21/2014. She has served as Licensee Designee and/or Administrator of several other licensed adult small group homes as

well. Ms. Patterson has several years of experience with working with the developmentally disabled, mentally ill, physically handicapped, aged and traumatically brain injured populations.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff-to-five residents per shift. Ms. Patterson acknowledged 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. Patterson acknowledged indicated that direct care staff will be awake during sleeping hours.

Ms. Patterson acknowledges that at no time will 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 ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Patterson acknowledges 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. Patterson acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Patterson 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. Patterson 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. Patterson acknowledges her 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. Patterson acknowledges her 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. Patterson 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. Patterson acknowledges her 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.

Ms. Patterson acknowledges her 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. Patterson acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Patterson 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. Patterson 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. Patterson indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Patterson 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. Ms. Patterson 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. Patterson acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Patterson acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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

Advocates for Self Determination, LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

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



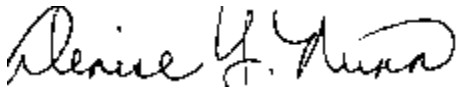
04/15/2020

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



04/21/2020

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Denise Y. Nunn  
Area Manager

Date