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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 17, 2020

Michelle Harrison
32191 Staman Circle
Farmington Hills, MI 48336

RE: Application #: AF630405098
Venetria Home
32191 Staman Circle
Farmington Hills, MI 48336

Dear Ms. Harrison:

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 4 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 #:	AF630405098
Licensee Name:	Michelle Harrison
Licensee Address:	32191 Staman Circle Farmington Hills, MI 48336
Licensee Telephone #:	(248) 470-2887
Name of Facility:	Venetria Home
Facility Address:	32191 Staman Circle Farmington Hills, MI 48336
Facility Telephone #:	(248) 470-2887
Application Date:	07/20/2020
Capacity:	4
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/20/2020	On-Line Enrollment
07/21/2020	PSOR on Address Completed
07/21/2020	Contact - Document Received 1326, RI030, & AFC100 for Michelle, AFC100 for Douglas
07/22/2020	Contact - Document Sent 1326. RI030 & AFC100
08/05/2020	Contact - Document Received Licensing file received from Central office
08/06/2020	Contact - Telephone call received From licensee
08/07/2020	Contact - Telephone call received From licensee- considering changing locations for the home
08/10/2020	Application Incomplete Letter Sent
08/31/2020	Contact - Document Received Medical clearances, financial information
08/31/2020	Contact - Telephone call received From licensee- having work done to remodel bathrooms at the home, will follow up for onsite inspection when work is complete
10/05/2020	Contact - Telephone call received From licensee- scheduled onsite inspection
10/20/2020	Contact - Document Received Proof of ownership, floor plan
10/20/2020	Inspection Completed On-site
10/20/2020	Inspection Completed-BCAL Sub. Compliance
11/05/2020	Inspection Completed On-site Follow-up inspection
11/05/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Venetria Home is a single-story home located at 32191 Staman Circle, Farmington Hills, MI 48336. The area of the home that is designated for residents has four single occupancy bedrooms, two bathrooms, an office, a living room, and a kitchen/dining area. Michelle Harrison and her husband reside in the owner's suite on the other side of the home, which is separated from the residents' area. The home is located in a suburban area of Farmington Hills that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Farmington Hills Police Department responds to emergency calls from the home. Beaumont Hospital Farmington Hills is located within five miles from the home.

The furnace and hot water heater are located in the basement, which is separated from the main floor by a 1³/₄ inch solid core door with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected smoke detection system, which is fully operational, as well as heat detectors in areas of the home that have heat producing equipment. The home has public water and a public sewer system. The home is not able to accommodate residents who use a wheelchair, as it does not have ramps at the means of egress.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 x 10.1	121.2	1
2	10.2 x 8.7	88.74	1
3	13.2 x 9.1	120.12	1
4	13.8 x 10.4	143.52	1

Total capacity: 4

The living and dining room areas measure a total of 840 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 four residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Venetria Home intends to provide 24-hour supervision, protection, and personal care to four male or female residents, aged 35-60, whose diagnosis is traumatic brain injury (TBI). The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

Venetria Home will utilize local community resources for medical services, dental services, religious observance, and recreation. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

The applicant, Michelle Harrison, identified her husband, Douglas Harrison, as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed for Michelle Harrison and Douglas Harrison. Michelle Harrison and Douglas Harrison submitted medical clearance forms with statements from a physician documenting their good health and current TB negative results.

Ms. Harrison indicated that she has sufficient financial resources to provide for the adequate care of the residents for a period of at least three months utilizing the applicant/joint-applicant's employment outside of adult foster care and savings or available cash.

Ms. Harrison acknowledged that an adult foster care family home requires the licensee to reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four residents will be the responsibility of Ms. Harrison 24 hours a day, seven days a week with the responsible person on call to provide supervision in relief.

Ms. Harrison acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Harrison acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledged 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. Harrison acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Harrison 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. Harrison acknowledged the responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, she acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, responsible person, volunteer, or staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Harrison acknowledged 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. Harrison acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

Ms. Harrison acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Harrison indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Harrison acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Harrison has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Harrison acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

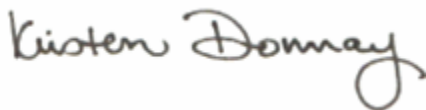
Ms. Harrison acknowledged her responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home, as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Ms. Harrison acknowledged her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

D. Rule/Statutory Violations

Ms. Harrison 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 Venetria Home, an adult foster care family home with a capacity of four residents.

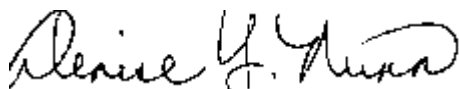


11/16/2020

Kristen Donnay
Licensing Consultant

Date

Approved By:



11/17/2020

Denise Y. Nunn
Area Manager

Date