



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 20, 2021

Paula Ott
Central State Community Services, Inc.
2603 W Wackerly Rd
Suite 201
Midland, MI 48640

RE: Application #: AS500403212
Gruber Home
6545 Twenty Four Mile
Shelby Twp., MI 48047

Dear Ms. Ott:

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

License #:	AS500403212
Applicant Name:	Central State Community Services, Inc.
Applicant Address:	2603 W Wackerly Rd Suite 201 Midland, MI 48640
Applicant Telephone #:	(989) 631-6691
Administrator/Licensee Designee:	Eva Hemphill/Paula Ott
Name of Facility:	Gruber Home
Facility Address:	6545 Twenty Four Mile Shelby Twp., MI 48047
Facility Telephone #:	(586) 781-3494
Application Date:	01/23/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLT DISABLED

II. METHODOLOGY

01/23/2020	Enrollment Online enrollment
01/27/2020	Contact - Document Sent Act booklet
01/27/2020	Application Incomplete Letter Sent IRS letter; 100 for Admin
01/28/2020	Contact - Document Received IRS letter; 100 for Kimberly (Admin)
01/28/2020	Lic. Unit file referred for background check review Kimberly - Self Confess
01/29/2020	File Transferred To Field Office Pontiac/Sterling Heights
02/03/2020	Contact - Document Received Licensing file received from Central office
03/09/2020	Application Incomplete Letter Sent
09/23/2020	Inspection Completed On-site
09/23/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is in a residential area in Macomb Township Michigan. The home is a single-story structure with an attached garage. The first floor of the home consists of a living room, dining room, family room, kitchen, two full bathrooms and three bedrooms.

The furnace and hot water heater in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The home is located close to several major roads and freeways. The home is located near several restaurants and stores for shopping, churches, and parks.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16.11 x 11.3	190	2
2	17 x 11	187	2
3	17 x 11	187	2

Total capacity: 6

The living, dining, and family room areas measure a total of 602 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 **six (6)** 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 **six (6)** male or female ambulatory/non-ambulatory adults 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. Residents will be referred from: Macomb County Community Mental Health.

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.

The Gruber Home program statement indicates that Central State Community Services, Inc. shall provide program for individuals who are diagnosed with a physical handicap, intellectual and/or developmentally disabled. At a minimum, personal care and community living supports, plus transportation will be provided. Transportation is provided via automobile or by public transportation 24 hours per day. Basic services included teaching and reinforcing skills in dressing, grooming, eating, bathing, toileting and following simple directions.

C. Applicant and Administrator Qualifications

The applicant is Central State Community Services, Inc., a “Non-Profit Corporation,” established in Michigan on October 30, 1984. The applicant 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.

Central State Community Services, Inc. has submitted documentation appointing Paula Ott as licensee designee for this facility and Eva Hemphill as the administrator of the facility. Criminal history background checks of the applicant and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care.

The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results. The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Ms. Ott is a registered nurse and according to the Bureau Information Tracking System has been a licensee designee and administrator since 2017 with Central State Community Services, Inc. as Executive Director. Ms. Ott has successfully maintained the licensing rules and has kept 25 facilities in good standing, working with residents who have been diagnosed with a developmental disability or physical handicap.

Eva Hemphill will act as the administrator for the home. Ms. Hemphill has been fingerprinted. She submitted a medical statement dated 02/19/2020 and had a negative TB test on 05/04/2019. Ms. Hemphill completed courses in Sociology, Social Work, Psychology and Anthropology at Macomb Community College in 2011-2012. Since 2003, Ms. Hemphill has held positions as a Direct Care Worker, Med Coordinator, Safety Coordinator, Assistant Supervisor and Supervisor.

The 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. All staff shall be awake during sleeping hours.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff one –to- six resident ratio.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledged 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), L-1 Identity Solutions™ (formerly

Identix ®), and the related documents required to be maintained in each employee record to demonstrate compliance.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge 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, Paula Ott licensee designee and the administrator Eva M. Hemphill 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.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Paula Ott licensee designee and the administrator Eva M. Hemphill indicated that it is their intent to achieve and maintain compliance with these requirements.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge 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. Paula Ott licensee designee and the administrator Eva M. Hemphill has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge their responsibility to obtain all 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, Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

Paula Ott licensee designee and the administrator Eva M. Hemphill acknowledge their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

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

L. Reed

01/20/2021

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

01/20/2021

Denise Y. Nunn
Area Manager

Date