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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 7, 2021

Angela Kimball
Red Maple Place 1 LLC
6521 Red Maple Ln
Bloomfield Hills, MI 48301

RE: Application #: AS630401786
Red Maple Place 1 LLC
6521 Red Maple Ln
Bloomfield Hills, MI 48031

Dear Ms. Kimball:

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 "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630401786
Licensee Name:	Red Maple Place 1 LLC
Licensee Address:	6521 Red Maple Ln Bloomfield Hills, MI 48301
Licensee Telephone #:	(248) 678-1713
Administrator/Licensee Designee:	Angela Kimball, Designee
Name of Facility:	Red Maple Place 1 LLC
Facility Address:	6521 Red Maple Ln Bloomfield Hills, MI 48031
Facility Telephone #:	(248) 991-4665
Application Date:	09/20/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/20/2019	On-Line Enrollment
09/20/2019	On-Line Application Incomplete Letter Sent AFC100, 1326 & RI030 for Angela
09/24/2019	Contact - Document Sent AFC100, 1326, RI030
11/20/2019	Contact - Document Received AFC100, 1326 & RI030
11/26/2019	Contact - Document Received Licensing file received from Central Office
12/10/2019	Application Incomplete Letter Sent
05/16/2020	Contact- Document Received I received some of the required documents from the applicant.
05/27/2020	Contact- Document Received I received some of the required documents from the applicant.
06/24/2020	Contact- Document Received I received some of the required documents from the applicant.
08/05/2020	Contact-Document Received I received additional documents from the applicant.
08/14/2020	Contact-Document Sent I sent another letter to the applicant regarding missing documents and corrections that are needed for the documents that have been received. The applicant has until 09/18/20 to make corrections and provide the missing documents.
09/21/2020	Contact-Document Received I received the remaining and/or corrected documents from the applicant.
12/21/2020	Application Incomplete Letter Sent A confirming letter was sent to the applicant via email.
12/28/2020	Inspection Completed On-site
12/28/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Bloomfield Hills, MI. There are three bedrooms, two full bathrooms, and one-half bathroom. The main level consists of a living room, kitchen, sun porch, common area, employee office, all of the resident's bedrooms and bathrooms. The living room is an open space that consist of a dining room table. There is a fire place in the living room however; the fire place does not work as it is there for decorative purposes. The home has two approved separate and independent means of egress located on the first floor with non-locking against egress hardware. This facility is wheelchair accessible. There are built in ramps located at both of the two approved means of egress. There are also built in ramps between the living room and sun porch and; in the common area leading to the employee office. There is parking available in the driveway. The facility has city water and sewage.

There is one furnace on the main level and a second furnace in the basement next to the water heater. The furnace located on the main level is enclosed in a room that is constructed of material which has a 1½ -hour fire resistance rating and; the door is equipped with an automatic self-closing device and positive latching hardware. The basement will not be used for resident activities. The basement door is a solid core door equipped with an automatic self-closing device along with positive latching hardware. The furnace's in the home were inspected on 12/18/20 and there were no concerns reported. There is a smoke alarm in the living room, sun porch, near the employee office, in the basement, and near the resident's bedrooms. There are fire extinguishers located in the kitchen, the basement, near the main entrance, and in the employee office.

The refrigerator and freezer are equipped with thermometers. The home has a locked file cabinet in the employee office for medications. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, dresser, and closet. There are no locks on the bedroom's doors. The bathrooms are equipped with non-locking against egress hardware. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The three resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.42 X 13.42	180.09	2
2	11.92 X 10.42	124.20	2
3	12.92 X 17.58	227.13	2

Total Capacity: 6

The living room, sun porch, and common area measure a total of 909.5 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Red Maple Place 1 LLC will provide 24-hour supervision, protection, and personal care to six female and/or male residents.

Red Maple Place 1 LLC will provide services to individuals who have suffered a post traumatic brain injury and are physically handicapped. Red Maple Place 1 LLC goal is to provide a home like setting and community-based services for the residents to receive according to their individual needs. The residents will be afforded a varied supply of leisure and recreational equipment and activities that are appropriate for the care, needs, age, and interests of the residents.

Red Maple Place 1 LLC will assure the availability of transportation services as indicated in the resident care agreement. Transportation for the residents is considered an integral part of the resident's program and service needs.

C. Applicant and Administrator Qualifications

The licensee for the home is Red Maple Place 1 LLC. Mrs. Angela Kimball will act as the licensee designee and the administrator. I received a copy of the warranty deed for the home. The home is owned by Rama Gera. I received a letter from Rama Gera granting permission for the home to be inspected and licensed as an adult foster care facility.

Red Maple Place 1 LLC submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Kimball. Mrs. Kimball submitted a medical clearance request with statements from a physician documenting her good health and current TB negative test results.

Mrs. Kimball has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Kimball is trained in nutrition, first aid, CPR, foster care, safety and fire prevention, financial and administrative management, knowledge of the needs of the population to be served, resident rights, and prevention and containment of communicable diseases. Mrs. Kimball provided two reference letters from a relative of a client and from an employer. Mrs. Kimball has over a year experience with providing personal care for the TBI and physically handicapped population.

The staffing pattern for the original license of this six-bed facility is adequate and includes two staff members on duty for each shift.

Mrs. Kimball 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. Kimball acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mrs. Kimball acknowledged 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 designee can administer medication to residents. In addition, Mrs. Kimball 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. Kimball acknowledged her responsibility to obtain all required 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. Kimball acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mrs. Kimball 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.

Mrs. Kimball acknowledged her 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. Mrs. Kimball also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mrs. Kimball acknowledged 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.

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

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 resident's personal money transactions that have been agreed to be managed by the licensee designee.

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

Mrs. Kimball acknowledged 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. Mrs. Kimball 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.

Mrs. Kimball acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mrs. Kimball acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

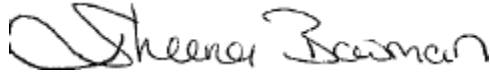
Mrs. Kimball acknowledged she has a copy of the licensing rule book for AFC small group homes. The licensing consultant provided a copy of the adult foster care licensing group home and physical plant worksheets, and a binder containing copies of the required forms that must be completed for each resident to Mrs. Kimball.

D. Rule/Statutory Violations

Red Maple 1 LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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



Sheena Bowman
Licensing Consultant

01/06/21
Date

Approved By:



01/07/2021

Denise Y. Nunn
Area Manager

Date

