



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 11, 2021

David Parr II  
34832 Bunker Hill Dr  
Farmington Hills, MI 48331

RE: Application #: AS630403123  
**Pleasant Valley Senior Care**  
**27550 10 Mile Rd**  
**Farmington Hills, MI 48336**

Dear Mr. Parr II:

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630403123
<b>Licensee Name:</b>	David Parr II
<b>Licensee Address:</b>	34832 Bunker Hill Dr Farmington Hills, MI 48331
<b>Licensee Telephone #:</b>	(248) 496-4211
<b>Administrator/Licensee Designee:</b>	David Parr II
<b>Name of Facility:</b>	Pleasant Valley Senior Care
<b>Facility Address:</b>	27550 10 Mile Rd Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 496-4211
<b>Application Date:</b>	01/17/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

01/17/2020	On-Line Enrollment
01/17/2020	On-Line Application Incomplete Letter Sent 1326, RI030, & AFC100 for David
01/21/2020	Contact - Document Sent 1326, RI030, AFC100
02/24/2020	Contact - Document Received 1326, AFC100 & RI030 for David
03/02/2020	Contact - Document Received Licensing file received from Central office
03/05/2020	Application Incomplete Letter Sent
05/04/2020	Application Complete/On-site Needed
05/07/2020	Inspection Completed-BCAL Sub. Compliance
07/10/2020	Inspection Completed On-site
07/10/2020	Inspection Completed-BCAL Full Compliance

## 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 governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

### A. Physical Description of Facility

Pleasant Valley Senior Care is a new construction large ranch located in the City of Farmington Hills, Michigan in Oakland County. The home sits directly on 10 Mile Road. The facility is located within a mile of convenient neighborhood shopping outlets and strip malls in the area. The home has six bedrooms with one of the bedrooms designated to live-in staff. In addition to the bedrooms, the home has a kitchen, dining room, and a living room. There are three full bathrooms and one-half bath to accommodate the residents and staff. The home is wheelchair accessible and has two approved means of egress that is equipped with a ramp from the first floor. Pleasant Valley Senior Care is served by city water and city sewer system.

The furnace and hot water heater are located in the basement, with adequate fire safety enclosure. A 1¾ inch solid core door with an automatic self-closing device and positive latching hardware is located at the bottom of the basement leading to the main floor for adequate fire separation. The facility is equipped with an interconnected, hardwired 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	12.05 x 12.02	151	1
2	12.02 x 10.02	124	1
3	Staff bedroom	N/A	N/A
4	17.06 x 12.0	210	1
5	17.07 x 12.02	214	1
6	17.01 x 12.07	215	2

**Total capacity: 6**

The indoor living, dining and multi-purpose areas measure a total of **685** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Mr. Parr intends to provide 24-hour supervision, protection, and personal care to **6** male and/or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, personal adjustment, and public safety. Mr. Parr intends to accept residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. These resources provide an environment to enhance the quality of life of residents. Mr. Parr intends to utilize the city bus system for transportation.

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

Mr. Parr has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant is Pleasant Valley Senior Care, Inc., a “Corporation”, established in Michigan on 10/26/2018. Mr. Parr submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Pleasant Valley Senior Care, Inc., have submitted documentation appointing David Parr as licensee designee and the administrator of the facility.

Criminal history background check of Mr. Parr was completed, and she was determined to be of good moral character to provide licensed adult foster care. Mr. Parr submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Parr has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Parr has more than one-year experience with the Alzheimer’s and aging population as he provided direct care for his grandmother.

The staffing pattern for the original license of this **6-bed** facility is adequate and includes a minimum of 2 staff for 6 residents per the morning and afternoon shifts and 1 staff for the midnight shift. Mr. Parr acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mr. Parr has indicated that direct care staff will be awake during sleeping hours.

Mr. Parr 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.

Mr. Parr acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Parr acknowledge 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Parr acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, Mr. Parr 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.

Mr. Parr 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, Mr. Parr acknowledged the 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.

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

Mr. Parr acknowledge the 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.

Mr. Parr acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Mr. Parr acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Parr 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Mr. Parr 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. Mr. Parr indicated the intent to respect and safeguard these resident rights.

Mr. Parr 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.

Mr. Parr 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.

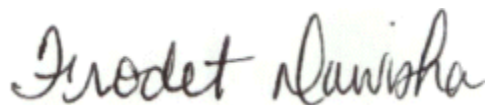
Mr. Parr acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this AFC adult small group home capacity of 6.



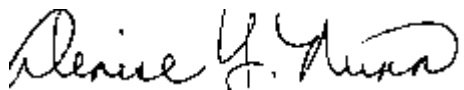
02/11/2021

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Frodet Dawisha  
Licensing Consultant

Date

Approved By:



02/11/2021

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Denise Y. Nunn  
Area Manager

Date