



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 5, 2021

Mitchell Naegele
Packard Specialized Residential, LLC
1173 S. Packard Ave.
Burton, MI 48509

RE: Application #:	AM250406626 Packard Specialized Residential 1173 S. Packard Ave. Burton, MI 48509
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Dear Mr. Naegele:

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 12 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250406626
Licensee Name:	Packard Specialized Residential, LLC
Licensee Address:	1173 S. Packard Ave. Burton, MI 48509
Licensee Telephone #:	(810) 288-2226
Administrator/Licensee Designee:	Mitchell Naegele, Designee Timothy Bertram, Administrator
Name of Facility:	Packard Specialized Residential
Facility Address:	1173 S. Packard Ave. Burton, MI 48509
Facility Telephone #:	(810) 288-2226
Application Date:	12/02/2020
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/02/2020	On-Line Enrollment
12/03/2020	Inspection Report Requested - Health Invoice No : 1031133
12/04/2020	Contact - Document Sent Fire safety string
12/21/2020	Contact - Document Received 1326, ri030
01/04/2021	Inspection Completed-Fire Safety : A
01/07/2021	Application Incomplete Letter Sent
01/19/2021	Inspection Completed-Env. Health : A
01/29/2021	Contact - Document Received
02/08/2021	SC-Application Received - Original
02/18/2021	Inspection Completed-Fire Safety : A I received an email and BFS inspection attachment from BFS Inspector, Cory Irvin.
02/18/2021	Application Complete/On-site Needed
02/24/2021	Inspection Completed On-site
02/24/2021	Inspection Completed-BCAL Sub. Compliance
02/24/2021	SC-Inspection Completed On-Site
02/24/2021	SC-Inspection Full Compliance
02/24/2021	SC-ORR Response Received-Approval
03/01/2021	Corrective Action Plan Approved
03/04/2021	CAP Compliance Verification Videos of repairs sent
03/04/2021	Inspection Completed On-site Virtual
03/04/2021	Inspection Completed – BCAL full compliance

03/05/2021	SC-Recommend MI and DD
03/05/2021	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Packard Specialized Residential is located at 1173 South Packard Avenue in the city of Burton, Michigan. This facility is currently licensed as a medium group home under license number AM250276395. The licensee, Redwood Inc. sold the home and property to Packard Specialized Residential, LLC on 12/03/20.

The facility has a private well and sewer. The Genesee County Health Department conducted an environmental health inspection on 1/19/21 and gave the facility an “A” rating.

The Bureau of Fire Services (BFS) inspected this facility under license number AM250276395 in September 2020. On 1/04/21, BFS gave this facility an “A” rating. On 2/18/21, I exchanged emails with BFS Inspector, Cory Irvin. Mr. Irvin said that providing that the current license has not elapsed, the “A” rating inspection can serve as the BFS original licensing approval for Packard Specialized Residential.

The special use permit/zoning approval was originally granted by the City of Burton on 2/19/98. On 2/10/21, I received a letter from Amber Abbey, DPW Director confirming that this address has been approved as a “RM – Multi Family Use for an adult foster care home with a maximum of 20 persons.” Ms. Abbey said, “In compliance with the Michigan Planning and Zoning Enabling Acts, the variance will stay with the property and be allowed to continue to operate under the approval.” Although the zoning approval is granted for 20 persons, Packard Specialized Residential only intends to provide adult foster care services to a maximum of 12 individuals.

This facility is a large, 2-story home with a partially finished basement. Excluding the basement, the total square footage is 5,045. The residents have access to the entire facility excluding the basement and the staff office/medication room. The home is located in a well-established neighborhood at the end of a dead-end street. The licensee has done many updates to the home including a new roof, new flooring, and new paint. The main floor consists of a kitchen, dining area, living room, laundry room, medication room/staff office, eight bedrooms, two full bathrooms, and four half bathrooms. All bedrooms are fully furnished. The first full bathroom is off the kitchen and is fully equipped with a walk-in shower with safety bars as well as safety bars near the toilet. The second full bathroom is located in the north wing of the facility and is equipped with safety bars in the shower as well as safety bars near the toilet. One of the

half bathrooms is located off the foyer/main entrance and is intended for guests. The following bedrooms have attached half bathrooms which are equipped with safety bars near the toilets: Bedroom #1, Bedroom #4, and Bedroom #5.

The kitchen is fully operational with new appliances and a large, attached pantry. The dining room and bar area has ample seating for all residents. The laundry room is off the dining room and has a heat detector in the room. The dryer has a solid metal vent which vents directly to the outside. Cleaning supplies are kept locked in the medication room/staff office which is in the north wing of the facility.

There is a large deck off the side of the house which has wooden benches, a picnic table, and wooden porch swings. There are four independent means of egress on the main floor: The main entrance off the foyer, one exit leading to the patio/deck, one exit off the medication room/staff office, and one exit leading to the side yard of the facility. All egress doors are equipped with non-locking-against-egress, positive-latching hardware.

The upstairs of the facility has four large bedrooms and a full bathroom which is fully equipped with safety bars in the shower and near the toilet. There are two independent means of egress from the upstairs: The main stairway leading to the main entrance/foyer and a side stairway leading directly to the backyard of the facility. This home is not wheelchair accessible.

The two furnaces and one hot water heater are located in the partially finished basement. On 2/10/21, they were inspected by Blue Flame Heating & Cooling and deemed to be in safe operating condition. The basement is not intended for resident use. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware which is located at the top of the stairs. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Smoke detectors are located throughout the facility as required by R 400.14505. A heat detector has been installed in the laundry room. On 2/05/21, the facility purchased five new fire extinguishers from Kraus Fire Equipment which meet the requirements of R 400.14506 (1.) The facility has at least one fire extinguisher on each floor.

Each bedroom has the bedroom number on the door. The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	11'1" x 11'5"	127	1
#2 (Main floor)	17'7" x 14'10"	261	2
#3 (Main floor)	14'10" x 13'3"	197	2
#4	12'10" x 15'2"	195	1
#5	15'2" x 12'7"	191	1

#6	15'2" x 8'11"	135	1
#7 (North Wing)	19'2" x 12'3"	235	2
#8 (North Wing)	13' x 18'6"	241	2
#9 (Upstairs)	9'1" x 11'1"	101	1
#10 (Upstairs)	11'10" x 12'2"	144	2
#11 (Upstairs)	15'5" x 15'4"	236	2
#12 (Upstairs)	17'7" x 15'5"	271	2

The living room measures 22'7" x 15'5" and the dining room measures 11'5" x 15'5". This is a total of 524 square feet of living space which exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** residents. Seven of the twelve bedrooms are suitable for double occupancy: Downstairs #2, 3, 7, and 8 and upstairs #10, 11, and 12. The licensee wants the flexibility to allow any of these room to be a private room for a resident depending on his or her needs. The licensee verbalized his understanding that under no circumstances can he exceed his licensed capacity of **twelve (12)** residents.

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 **twelve (12)** male or female ambulatory adults whose diagnosis is aged, developmentally disabled, mentally ill, traumatically brain injured, and/or physically handicapped 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 licensee has secured contracts with several different county community mental health agencies which is where the resident referrals will come from.

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 facility will provide transportation according to the resident care agreement and fee policy. The licensee will ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. 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. Licensee Designee and Administrator Qualifications

The applicant is Packard Specialized Residential, LLC which is a Domestic Limited Liability Company established in Michigan on 11/30/20. 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.

Packard Specialized Residential, LLC has named Mitchell Naegele as the licensee designee and Timothy Bertram as the administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1-staff-to-6-residents per shift. More staff will be added per shift according to resident needs. Staff will remain awake during the nighttime shift.

The applicant 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 –to- resident ratio.

The applicant 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 Identigo website (www.identigo.com) by MorphoTrust USA and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant 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, the applicant 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.

The applicant acknowledges 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, the applicant 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 of the documents contained within each employee's file.

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

The applicant 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. The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of 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, the applicant acknowledges their 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. The applicant acknowledges 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. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home with a capacity of 12.

Susan Hutchinson

March 5, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

March 5, 2021

Mary E Holton Area Manager	Date
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