



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 18, 2021

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

RE: Application #: AS630407345  
**Waterview Home**  
**121 Waterview**  
**Lake Orion, MI 48362**

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 "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**

<b>License #:</b>	AS630407345
<b>Applicant Name:</b>	Central State Community Services, Inc.
<b>Applicant Address:</b>	Suite 201 2603 W Wackerly Rd Midland, MI 48640
<b>Applicant Telephone #:</b>	(989) 631-6691
<b>Administrator/Licensee Designee:</b>	Paula Ott
<b>Name of Facility:</b>	Waterview Home
<b>Facility Address:</b>	121 Waterview Lake Orion, MI 48362
<b>Facility Telephone #:</b>	(989) 631-6691
<b>Application Date:</b>	02/22/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

02/22/2021	Enrollment Online app download failure
02/22/2021	Contact - Document Received 1326
02/26/2021	Contact - Document Received Licensing file received from Central office
03/03/2021	Application Incomplete Letter Sent
03/09/2021	Contact-Document Received I received the requested documents from the applicant via mail.
03/17/2021	Contact-Document Sent I emailed a letter to the applicant regarding the corrections needed for the documents.
04/09/2021	Application Complete/On-site Needed
04/09/2021	Inspection Completed On-site A virtual inspection was completed as COVID-19 was suspected in the home.
04/13/2021	Inspection Completed-BCAL Full Compliance
05/14/2021	Contact-Face to Face An onsite was completed.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single-family ranch style home in Lake Orion, MI. There are four bedrooms and two full bathrooms. The main level consists of a laundry area, an office area for the employees, kitchen, family room, living room, both bathrooms, and all four residents' bedrooms. The living room is an open space that also consist of a dining room table. The home has two approved separate and independent means of egress with non-locking against egress hardware. This facility is wheelchair accessible as the exits in the home are on street level. There is parking available in the driveway. The facility has public water and sewage.

The furnace and the water heater are located in the basement. 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 facility is equipped with interconnected hardwire smoke detection system. The facility is also equipped with a pull station alarm system. A sprinkler system is also installed. There are fire extinguishers located in the basement, and in the hallway near the resident's bedrooms. An annual fire inspection was completed on 04/29/20.

The refrigerator and freezer are equipped with thermometers. The home has a locked room near the kitchen 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. The bedrooms and the bathrooms are equipped with non-locking against egress hardware. I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The four resident bedrooms in the home measure as follows:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	14'8" x 10'8"	156.27	1
2	15'1" x 10'10"	163.31	2
3	15'3" x 10'8"	162.56	2
4	14'7" x 10'9"	156.73	1

**Total Capacity: 6**

The living room, dining area, and family room measure a total of 723.24 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, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Waterview Home will provide 24-hour supervision, protection, and personal care to six female and/or male residents. Waterview Home will provide services tailored to the developmentally disabled, mentally ill, physically handicapped, and the elderly. Waterview Home has completed an application for certification of specialized programs for mentally ill and developmental disability. The residents will reside in a home setting and receive assistance with grooming, eating, bathing, toileting, and completing simple or complex tasks. The residents will also receive psychiatric and counseling services if necessary. Transportation will be available 24-hours per day. The facility intends to accept residents from Oakland Community Health Network.

Waterview Home will also provide social education training and supports which includes recreational programs, community entertainment, and access to and use of local recreational facilities. The residents will also be provided with adult activity training which will be determined by the person-centered planning team. The day program services will be individualized and emphasize meaningful age-appropriate tasks at the appropriate cognitive level.

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

The licensee for the home is Central State Community Services, Inc. Central State Community Services, Inc. is a non-profit corporation that has 27 licensed adult foster care group homes. The home is owned by Community Housing Network, Inc. I received a letter from Community Housing Network, Inc. granting permission for Central State Community Services to occupy this facility. The letter also provided authorization for the home to be inspected and licensed as an adult foster care facility.

Ms. Paula Ott will act as the licensee designee. Ms. Brittany Johnson will act as the administrator. Waterview Home 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 Ms. Ott and Ms. Johnson. Ms. Ott and Ms. Johnson submitted a medical clearance request with statements from a physician documenting their good health and current TB negative test results.

Ms. Ott and Ms. Johnson have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Ott and Ms. Johnson are trained in nutrition, first aid, CPR, safety and fire prevention, resident rights, and prevention and containment of communicable diseases. Ms. Ott has been the Executive Director for 30 AFC group homes for developmentally disabled and mentally ill residents since 2017. Ms. Ott's experience meets the qualifications for foster care, financial and administrative management, and knowledge of the needs of the population to be served. Ms. Johnson worked as a Direct Care worker from March 2018 through January 2019. Ms. Johnson was also an Assistant Home Supervisor from January 2019 through August 2019. Ms. Johnson's experience meets the qualifications for foster care, financial and administrative management, and knowledge of the needs of the population to be served.

The staffing pattern for the original license of this six-bed facility is adequate and satisfies the requirements identified in the administrative group home rules.

Ms. Ott 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.

Ms. Ott 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Ott 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, Ms. Ott 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. Ott 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, Ms. Ott 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.

Ms. Ott 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. Ott 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. Ms. Ott also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Ms. Ott 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.

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

Ms. Ott 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. Ott indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Ott 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. Ms. Ott 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.

Ms. Ott 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.

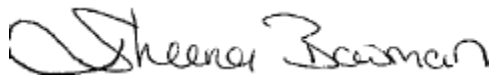
Ms. Ott acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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

Waterview Home 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). The temporary license will be in effect for a six-month period. A licensing renewal will be conducted following the six-month period.

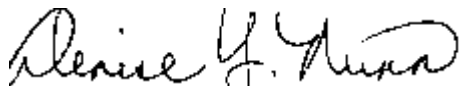


Sheena Bowman  
Licensing Consultant

05/14/21

Date

Approved By:



05/18/2021

Denise Y. Nunn  
Area Manager

Date