



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 10, 2022

Kathryn Simpson
Progressive Lifestyles Inc
Suite 11A
6600 Highland Rd
Waterford, MI 48327

RE: Application #: AS630408166
E Maple Rd
230 E Maple Rd
Milford, MI 48381

Dear Mrs. Simpson:

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 5 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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-514-9391
Fax: 517-763-0204

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630408166
Applicant Name:	Progressive Lifestyles Inc
Applicant Address:	Suite 11A 6600 Highland Rd Waterford, MI 48327
Applicant Telephone #:	(248) 666-1365
Administrator/Licensee Designee:	Kathryn Simpson
Name of Facility:	E Maple Rd
Facility Address:	230 E Maple Rd Milford, MI 48381
Facility Telephone #:	(248) 820-9274
Application Date:	04/19/2021
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/19/2021	Enrollment Online app download failure
04/19/2021	Application Incomplete Letter Sent 1326 (signed), RI030, AFC100 for Admin
04/19/2021	Contact - Document Sent 1326, RI030, AFC100
04/23/2021	Contact - Document Received 1326 & AFC100
05/27/2021	Contact - Document Received Updated App
06/21/2021	Contact - Document Received 1326 for Kathryn Simpson
07/07/2021	Application Incomplete Letter Sent
09/23/2021	Contact - Document Received Application documents received
10/09/2021	Contact - Document Received Application documents received
11/16/2021	Inspection Report Requested - Health Invoice No: 1032165
03/01/2022	Application Complete/On-site Needed
03/10/2022	SC-Application Received - Original
03/10/2022	Contact - Document Received Documents received
03/14/2022	Inspection Report Requested - Health 1032481. First request was not received by Health Dept
03/14/2022	Inspection Completed On-site
04/07/2022	Inspection Completed-Env. Health: A
04/20/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located within the city of Milford, Michigan. The home consists of one main level and does not have a basement. On the main floor, there are four resident bedrooms, two full-size bathrooms, one living room, one family room, one dining room and a laundry room. Upon entering the home, the living room is the first room accessed. Past the living room is the family room area. To the left of the family room are the dining room, kitchen, and laundry room. Directly past the laundry room is a door that leads to the garage area. To the left of the living room is a hallway that leads to four resident bedrooms and two full-size bathrooms. The home is wheelchair accessible and has at least two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a private water supply and sewage disposal system, which was inspected by the Oakland County Health Department on 3/22/2022 and deemed to be in good working condition.

The home utilizes a gas furnace and gas water heater system. The furnace and hot water heater are located in the garage of the home and are equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

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 and have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' 8" x 11'	161	1
2	14' 8" x 11'	161	1
3	14' 8" x 11'	161	2
4	14' 9 x 11'	162	1

Total capacity: 5

The indoor living and dining areas measure a total of 369 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to five (5) male and/or female residents who are physically handicapped or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland County CMH, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Administrator Qualifications

The applicant is Progressive Lifestyles Inc, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 8/29/2019. 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.

The members of Progressive Lifestyles Inc, L.L.C. have submitted documentation appointing Kathryn Simpson as licensee designee and administrator of the facility.

A criminal history background check was completed, and Ms. Simpson was determined to be of good moral character to provide licensed adult foster care. Ms. Simpson submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Simpson provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Simpson first began working as a direct care staff at an adult foster care facility in 1992, during which time she provided direct care to residents, including bathing, dressing, personal hygiene, and medication management. Over the last 30 years, Ms. Simpson has continued to work within the adult foster care field, providing both direct care and management oversight. Ms. Simpson currently manages 10 adult foster care facilities within the State of Michigan.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. Ms. Simpson 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. Ms. Simpson has indicated that direct care staff will be awake during sleeping hours.

Ms. Simpson 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. Simpson acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Simpson acknowledges 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) and the related documents required to demonstrate compliance.

Ms. Simpson 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 designee will administer medication to residents. In addition, Ms. Simpson 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.

Ms. Simpson 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, Ms. Simpson 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.

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

Ms. Simpson acknowledged the 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

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

Ms. Simpson 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. Ms. Simpson indicated the intent to respect and safeguard these resident rights.

Ms. Simpson 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.

Ms. Simpson 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.

Ms. Simpson 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.

V. RECOMMENDATION

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

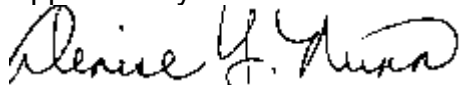


4/28/2022

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



05/10/2022

Denise Y. Nunn
Area Manager

Date