



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 17, 2022

Colleen Heath
Adored Living LLC
2863 S Hadley Rd
Ortonville, MI 48462

RE: Application #: AS630411702
Adored Living of Clarkston
5111 Heath Ave.
Clarkston, MI 48346

Dear Mrs. Heath:

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 "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 #:	AS630411702
Applicant Name:	Adored Living LLC
Applicant Address:	2863 S Hadley Rd Ortonville, MI 48462
Applicant Telephone #:	(248) 931-9009
Licensee Designee:	Colleen Heath
Administrator:	Colleen Heath
Name of Facility:	Adored Living of Clarkston
Facility Address:	5111 Heath Ave. Clarkston, MI 48346
Facility Telephone #:	(248) 931-9009
Application Date:	01/27/2022
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

01/27/2022	Enrollment
02/11/2022	Application Incomplete Letter Sent 1326a, updated application, additional \$45.00 app fee
02/14/2022	Contact - Document Received app, 1326, Chk#1824 Amt: \$45.00
03/10/2022	Application Incomplete Letter Sent
03/10/2022	Contact - Document Received Email from applicant, stating she will be sending docs soon
03/21/2022	Contact - Document Received Application documents received email
04/21/2022	Contact - Document Received Email exchange regarding documents still needed
05/03/2022	Contact - Document Sent Email exchange with applicant
05/04/2022	Contact - Telephone call made Spoke to applicant; Informed of remaining documents still needed
05/06/2022	Contact - Document Received Additional application documents received
05/23/2022	Contact - Document Sent Email exchange with applicant regarding final review of application and scheduling of onsite
06/01/2022	Application Complete/On-site Needed
06/06/2022	Inspection Completed On-site
06/13/2022	Contact - Document Received Email from applicant with follow-up application information
06/13/2022	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 village of Clarkston, Michigan. The home has six resident bedrooms, three full-size bathrooms, a kitchen, living room, laundry room and a basement. Upon entering the home, the living room is the first room accessed. To the left of the living room are the kitchen and dining room areas. Past the living room is a hallway that leads to four resident bedrooms and one full-size bathroom. There is a hallway located off of the dining room area, that leads to two resident bedrooms and a full-size bathroom. Past the kitchen area is a hallway that leads to the laundry room, one full-size bathroom and the sunroom and a door that leads to the basement area. The home is wheelchair accessible and has two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home utilizes a gas furnace and gas water heater system. The furnace and hot water heater are located in the basement 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 battery-powered, single-station smoke detectors that have been installed near sleeping areas, on each occupied floor of the home, in the basement 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	11' 10" x 11' 4"	143	1
2	11' 10" x 11' 4"	143	1
3	9' 11" x 9' 5"	93	1
4	9' 9" x 9' 5"	91	1
5	12' x 11' 5"	137	1
6	9' x 11"	102	1

Total capacity: 6

The indoor living and dining areas measure a total of 337 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 six 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 six male and/or female residents who are aged or who have Alzheimer's Disease or related conditions. 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 Adored Living, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 1/1/2019. 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 Adored Living, L.L.C. have submitted documentation appointing Colleen Heath as licensee designee and administrator of the facility.

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

Ms. Heath has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Heath has been working with the adult foster population for 13 years. During this time, Ms. Heath has worked as a direct care staff, providing personal care, supervision, medication

management and protection to the adult foster care population. Since 2019, Ms. Heath has been an administrator and licensee designee for a licensed adult foster care facility, overseeing the daily operations and financial/management needs of residents and staff. Ms. Heath meets the qualification and training requirements to be an administrator and licensee designee.

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

Ms. Heath 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. Heath acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Heath acknowledge(s) 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. Heath 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 Ms. Heath will administer medication to residents. In addition, Ms. Heath 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. Heath 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. Heath 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. Heath 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. Heath 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. Heath 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. Heath acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Heath 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. Heath 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. Heath indicated the intent to respect and safeguard these resident rights.

Ms. Heath 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. Heath 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. Heath 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 temporary license to this AFC adult small group home (capacity 1-6).

Stephanie Gonzalez

6/17/2022

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

06/17/2022

Denise Y. Nunn
Area Manager

Date