



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 3, 2023

Faith Hinson
Ethos Behavioral Health, LLC
32047 Vegas Dr
Warren, MI 48093

RE: Application #: AS500413738
Vegas Home
32047 Vegas Dr
Warren, MI 48093

Dear Ms. Hinson:

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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS500413738 |
| Licensee Name: | Ethos Behavioral Health, LLC |
| Licensee Address: | 32047 Vegas Dr Warren, MI 48093 |
| Licensee Telephone #: | (734) 218-2786 |
| Administrator/Licensee Designee: | Faith Hinson |
| Name of Facility: | Vegas Home |
| Facility Address: | 32047 Vegas Dr Warren, MI 48093 |
| Facility Telephone #: | (734) 218-2786 |
| Application Date: | 08/10/2022 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

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| 08/10/2022 | On-Line Enrollment |
| 08/12/2022 | PSOR on Address Completed |
| 08/12/2022 | Contact - Document Sent forms sent |
| 10/07/2022 | Contact - Document Received FPs, AFC 100, 1326 |
| 10/07/2022 | File Transferred to Field Office |
| 10/18/2022 | Application Incomplete Letter Sent |
| 11/07/2022 | Contact - Document Received Received licensing documents by email from Jess Fradette. Sent return email re: onsite inspection and permission to inspect letter. |
| 11/07/2022 | Contact - Document Received Email from Jess Fradette with licensing documents for Vegas Home. Sent return email. |
| 11/08/2022 | Contact - Document Received Email from Jess Fradette |
| 11/09/2022 | Contact - Document Sent Email from Jess Fradette |
| 12/06/2022 | Contact - Document Sent Email to Jess Fradette. Received return email with permission to inspect letter. |
| 12/07/2022 | Inspection Completed On-site |
| 12/07/2022 | Contact - Document Sent Email to Jess Fradette |
| 12/07/2022 | Contact - Document Received Email from Nate Gardin with wood panel fire rating picture. |
| 12/08/2022 | Contact - Document Received Email from Jess Fradette. Sent return email. |

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| 12/12/2022 | Contact - Document Received Email from Jess Fradette. Will be installing windows. Sent return email. |
| 01/13/2023 | Contact - Document Received Email from Jeff Perczyk. Received pictures of corrections. |
| 01/13/2023 | Contact - Document Received Email from Jess Fradette with updated program statement. Sent return email. |
| 01/23/2023 | Contact - Document Received Email from Jeff Perczyk. Sent return email. |
| 02/02/2023 | Contact - Document Sent Email to Faith Hinson. Received return email. |
| 02/02/2023 | Contact- Document Sent Email to Jess Fradette re: refund policy. Received return email. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1974.

A. Physical Description of Facility

Vegas Home is a one-story small adult foster care home located in Warren, MI. The licensee for the home is Ethos Behavioral Health, LLC. Faith Hinson will act as the licensee designee and administrator for the home. A copy of the lease agreement between Ethos Behavior Health, LLC and Working Partners LLC was provided. I received a signed letter dated 12/06/2022 from Nate Gardin of Working Partners LLC giving permission to inspect the property. The home has city water and sewer.

Vegas Home has a family room, two sitting rooms, kitchen, dining area, six bedrooms, three resident bathrooms, laundry area and basement. The family room, dining area and sitting rooms offer a total of 746 square feet which meets the required 35 square feet per person for six residents.

The six bedrooms in the home are sized as follows:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|------------------|------------------------|-----------------------------|----------------------------|
| 1 | 11'2" x 14'8" | 163 | 1 |
| 2 | 9'11" x 21'5" | 212 | 1 |
| 3 | 12'7" x 11'1" | 139 | 1 |
| 4 | 14'8" x 13'0" | 190 | 1 |
| 5 | 14'5" x 12'4" | 177 | 1 |
| 6 | 11'7" x 11'11" | 138 | 1 |

Total capacity: 6

All six bedrooms have adequate space, bedding and storage. All the bedrooms have a chair, mirror and window that opens. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

The home has interconnected smoke detectors and a fire extinguisher on each floor. The furnace is in the basement. The furnace was inspected by Flame Heating, Cooling, Plumbing and Electrical on 10/21/2022. The dryer has a metal vent. The bathroom and bedrooms doors have non-locking against egress hardware. The water temperature was found to be between 105-120 degrees Fahrenheit. The home does not have ramps and is not suitable for non-ambulatory residents.

B. Program Description

Vegas Home will provide 24-hour care and supervision for up to six residents. The home will provide care for individuals with cognitive disorders, traumatic brain injuries (TBI), aged 18 and older, who are medically stable. They will not accept residents with a recent/severe history of physical aggression towards others, suicidal ideation, self-harm, or Alzheimer's. Staff will be trained in areas that include personal care, First Aid/CPR, crisis prevention intervention, brain injury, seizures and supporting participant goals and choices. Services available in the home include private rooms, nutrition management and planning, video monitoring in common areas, health and safety checks, medication management, therapeutic activities, laundry services, coordination of services, recreational activities, family/significant other education, visiting therapies and transportation services.

Faith Hinson will act as the licensee designee and administrator for the facility. She has been fingerprinted. Ms. Hinson provided a medical statement completed on 06/17/2022.

She had a negative TB test on 06/19/2022. Ms. Hinson has an Associates of Applied Science degree in Occupational Therapy Assistant from Baker College. She also has an Associates of Arts degree in Automotive Marketing from Northwood University and a Bachelor of Business Administration degree in Management/Marketing from Northwood University. She was employed as the Program Coordinator at the Eisenhower Center (AL810069928) from March 2020- May 2022 and as a Certified Occupational Therapy Assistant at the center from March 2012- March 2020. While at the Eisenhower Center she managed the 15-bed adult foster care facility for individuals with TBI's and treated clients with TBI's as a Certified Occupational Therapy Assistant. She provided patient care that included directing and aiding active and passive exercises programs, leisure activities, and activities of daily living training. Ms. Hinson has been employed as the Program Manager at Life Skills Residential (AS630394457) since June 2022.

Faith Hinson 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. Hinson has 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Hinson 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. Hinson acknowledged that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Hinson 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. Hinson 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. Hinson 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. Hinson 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. Hinson will update and complete those forms and obtain new signatures for each resident on an annual basis.

Ms. Hinson acknowledged her 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.

Ms. Hinson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. 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. Hinson 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. Hinson 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. Hinson 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. Hinson acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Ms. Hinson acknowledged she has a copy of the licensing rule book for AFC small group homes.

C. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend that the department issue a temporary license to this small group adult foster care home, Vegas Home, with a capacity of six (6) residents.

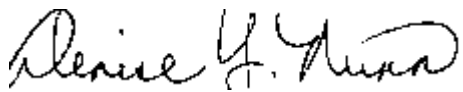


02/03/2023

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



02/03/2023

Denise Y. Nunn
Area Manager

Date