



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 13, 2023

Renee Hall
Oasis At Home Care LLC
P.O. Box 300671
Waterford, MI

RE: Application #: AS630412236
Oasis at Home Care
228 Chamberlin
Pontiac, MI 48342

Dear Mrs. Hall:

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
Cadillac Place
3026 W Grand Blvd, Suite 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630412236
Applicant Name:	Oasis At Home Care LLC
Applicant Address:	2956 Otsego Rd. Waterford, MI 48328
Applicant Telephone #:	(248) 469-3614
Administrator/Licensee Designee:	Renee Hall
Name of Facility:	Oasis at Home Care
Facility Address:	228 Chamberlin Pontiac, MI 48342
Facility Telephone #:	(248) 469-3614
Application Date:	03/22/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/22/2022	Enrollment
04/07/2022	Application Incomplete Letter Sent 1326, Ri030, AFC-100
04/07/2022	Contact - Document Sent Forms sent
04/12/2022	Contact - Document Received 1326, AFC-100,
05/24/2022	Application Incomplete Letter Sent A checklist and examples on how to complete the required documents were emailed to the applicant.
09/09/2022	I received the majority of the requested documents from the applicant.
10/04/2022	I sent a letter to the applicant regarding the missing documents and the corrections needed for the documents that were submitted.
10/04/2022	I received additional documents from the applicant.
01/03/2023	I sent the applicant an email providing timeframes that must be met in order to receive a temporary license within one year of receipt of the application.
01/18/2023	I emailed a second correction letter to the applicant.
01/22/2023	I received documents that were corrected by the applicant.
01/27/2023	The applicant was informed that her paperwork was approved with the exception of three documents.
02/08/23	I received corrected documents from the applicant.
03/15/2023	Inspection Completed On-site
03/15/2023	Inspection Completed-BCAL Sub. Compliance
03/21/2023	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
04/05/2023	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family two-story home in Pontiac, MI. There are four bedrooms. There is one full bathroom located upstairs. There is also one-half bathroom located in the heating plant room. However, this bathroom is not approved for residents to use as there is no window or ventilation system. The facility has two approved separate and independent means of egress with non-locking against egress hardware. The facility is not wheelchair accessible. There is a driveway available for parking. The facility has city water and sewage.

There is a smoke alarm located in the heating plant room, at the top of the staircase, and in each bedroom. There is a fire extinguisher located near the living room and in the hallway upstairs. The heating plant room contains a furnace, water heater, and washer and dryer. The heating plants were inspected on 02/15/23 and there were no concerns reported.

The living room is an open space that leads to a dining area and the kitchen. The living area contains adequate furniture for the residents. The refrigerator and the freezer contain thermometers. A medication cabinet was observed for the residents in the kitchen.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, closet and dresser. The resident’s bedroom door locks are equipped with non-locking against egress. During the follow up onsite inspection, 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17.5 x 9	157.5	2
2	9.08 x 17.5	158.9	2
3	11 x 25.75	283.25	1
4	10.83 x 15.66	169.59	1

Total Capacity: 6

The living room and dayroom measure a total of 486.17 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

Oasis at Home Care will be providing refuge, comfort, security and a pleasant contrast in a home setting. Oasis at Home Care offers a home for male and female residents that are between the ages of 40-99 years of age. Oasis at Home Care goal is to provide excellent personalized services based on each resident individualized assessment plan. Oasis at Home offers long term care as an alternative to an institution. As well as short-term care that will assist those residents whose plan is to return to an independent living environment. The home will assist and/or reinforce residents with all ADL's such as dressing, grooming, eating, bathing, toileting and following simple directions. Oasis at Home will administer required medication and reminders. A healthy, nutritious menu with special diet options are provided and made available as needed.

C. Applicant and Administrator Qualifications

I received a copy of the warranty deed for the home. The grantee on the warranty deed is Davon Knight. I received a letter from Mr. Knight granting permission to inspect the home.

Oasis at Home Care 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 Mrs. Renee Hall. Mrs. Hall submitted a medical clearance request with statements from a physician documenting her good health and current TB negative test results. The staffing pattern for the original license of this six-bed facility is adequate and includes at least one staff member on duty for each shift.

Mrs. Hall worked as a Lead Care Manager at Sunrise Senior Living for five years. Mrs. Hall has experience with providing 24-hour care for the aged, mentally ill, and disabled. Mrs. Hall is experienced with providing ADL's, cooking, cleaning, feeding, transporting, and making appointments for residents. Mrs. Hall also has experience with caring for residents who are diagnosed with Alzheimer's and Dementia.

Mrs. Hall has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Hall is trained in nutrition, first aid, CPR, safety and fire prevention, resident rights, and prevention and containment of communicable diseases. Mrs. Hall provided training certificates for working with people and introduction to human services and meeting special needs.

Both of these trainings satisfy the requirements for foster care and knowledge of the needs of the population to be served trainings. Mrs. Hall provided a copy of her resume which indicates her experience as a Grant Compliance Analyst which satisfies the requirement for financial and administrative management.

Mrs. Hall 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.

Mrs. Hall 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.

Mrs. Hall 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, Mrs. Hall indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mrs. Hall 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, Mrs. Hall 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.

Mrs. Hall 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.

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

Mrs. Hall 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.

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

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

Mrs. Hall 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. Mrs. Hall 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.

Mrs. Hall 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.

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

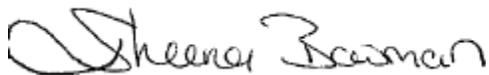
Mrs. Hall was given a copy of the licensing rule book for AFC small group homes. The licensing consultant provided a copy of the adult foster care licensing group home and physical plant worksheets, and a binder containing copies of the required forms that must be completed for each resident to Mrs. Hall.

D. Rule/Statutory Violations

Oasis at Home Care was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

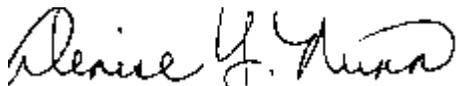
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Sheena Bowman
Licensing Consultant

04/10/23
Date

Approved By:



04/13/2023

Denise Y. Nunn
Area Manager

Date