



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 6, 2024

Eric Ford
Ford Special Care Services, LLC
4327 Maplewood Meadows Av
Grand Blanc, MI 48439

RE: Application #:	AS250414536 Ford Specialty Care Services 5079 Spinning Wheel Dr. Grand Blanc, MI 48439
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Dear Eric Ford:

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 (517) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250414536
Licensee Name:	Ford Special Care Services, LLC
Licensee Address:	4327 Maplewood Meadows Av Grand Blanc, MI 48439
Licensee Telephone #:	(810) 210-7286
Administrator/Licensee Designee:	Eric Ford
Name of Facility:	Ford Specialty Care Services
Facility Address:	5079 Spinning Wheel Dr. Grand Blanc, MI 48439
Facility Telephone #:	(810) 210-7286
Application Date:	10/20/2022
Capacity:	5
Program Type:	AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

10/20/2022	On-Line Enrollment
10/21/2022	Application Incomplete Letter Sent app incomplete letter sent w/1325, afc-100 and ri-030
11/22/2022	Contact - Document Sent forwarded documentation to different email address per telephone request by Lyndsie Ford
12/08/2022	Contact - Telephone call made Left a message about documentation sent on 10/21 and again on 11/22.
12/12/2022	Contact - Document Received 1326, RI-030, and AFC-100
01/12/2023	Comment sent request to have fingerprints uploaded
01/30/2023	PSOR on Address Completed No hits
01/30/2023	Comment Sent request for fingerprints
03/01/2023	Contact - Document Received received IRS letter with EIN
03/31/2023	Application Incomplete Letter Sent
08/29/2023	Contact - Document Sent Change of Consultant Letter emailed
09/06/2023	Contact - Document Received Revised application
09/06/2023	Application Incomplete Letter Sent Sent via email to fscservices@gmail.com and eford22@aol.com
09/06/2023	Contact - Document Received Original documentation received from licensee
09/25/2023	Application Incomplete Letter Sent 2nd incomplete application letter sent via email

09/27/2023	Contact - Document Received Documentation received from Licensee.
10/18/2023	Application Incomplete Letter Sent 3rd incomplete letter sent via email.
01/10/2024	Application Complete/On-site Needed
01/25/2024	Inspection Completed On-site
02/23/2024	Inspection Completed- BCAL Full Compliance
02/23/2024	Confirming letter sent
02/23/2024	LSR Generated
02/26/2024	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Ford Special Care Services, LLC is a 2 story, 4 bedroom, 2bathroom home with an attached garage located at 5079 Spinning Wheel Dr., Grand Blanc, MI. The home is located in the Township of Grand Blanc and is in a subdivision of Wishing Well Estates and within close proximity to many restaurants and other shopping establishments. The home is owned by Eric and Lindsay Ford and was purchased on 07/21/2017. Eric Ford granted permission for an on-site inspection on 01/25/2024. The home consists of 1 resident bedroom, living room, 2nd living room, dining room, full bathroom, and kitchen on the main floor. There are 3 resident bedrooms and a full bathroom on the second floor.

The furnace, washer, dryer, and hot water heater are in the basement of the home with at least 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware to create floor separation. Davison Heating & Cooling completed and approved their furnace and AC inspections on 05/01/2023.

The home has two (2) separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom

doors have conforming hardware and proper door width. The bedrooms have the proper means of egress as required by R 400.14508.

The home has public water and sewer system. The home has hardwired smoke detectors that are interconnected together. The smoke detectors also include a carbon monoxide detector combination. The home has fire extinguishers, which meets the requirements of R 400.14506.

The electrical work was done in accordance of the National Electric Code by Electrician Journeyman Kerry Ramsey # 6599625. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

There is 1 resident bedroom on the main floor of the home and 3 resident bedrooms located on the second floor of the home. The resident bedrooms were measured during the on-site inspection and have the following dimensions.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom # 1 1 st floor	9'8" x 11'5"	112.70	1
Bedroom # 2 2 nd floor	10' x 10'	100	1
Bedroom # 3 2 nd floor	10'5" x 12'8"	134.40	2
Bedroom # 4 2 nd floor	9'5" x 11'2"	106.40	1

The living room and dining room measured a total of 292 square feet of living space. The 2nd living room measured a total of 183 square feet of living space. The kitchen measured a total of 183 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

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

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **five (5)** male or female ambulatory adults, aged 40 and older whose diagnosis is aged, traumatically brain injured, and/or Alzheimer's, in the least restrictive environment

possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: word of mouth, Nursing home, hospitals, and A & D Waiver.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will assist residents with connecting with outside agencies for transportation for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services. The facility will make provision for a variety of leisure and recreational equipment. The residents may attend outside activities, such as church services, senior center activities, luncheons, fairs, bingo, exercise classes, family functions and other activities, at their own discretion or with DPOA approval. Activities in the home, such as card games, board games, tv, music, baking, enjoying the porches, pond and flowers is entirely left to the residents' choice. These activities will be offered to all the residents and participation is encouraged. A variety of activities will be offered to allow participation of all the residents regardless of their cognitive function.

C. Applicant and Administrator Qualifications

The applicant is Ford Special Care Services, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 10/19/2021. 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.

Eric Ford has submitted documentation appointing himself as Licensee Designee for this facility and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges 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, can administer medication to residents. In addition, the applicant 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.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The applicant acknowledges 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. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

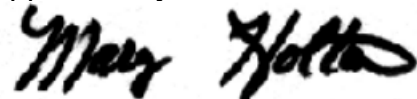
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).



02/26/2024

Martin Gonzales Licensing Consultant	Date
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Approved By:



03/06/2024

Mary E. Holton Area Manager	Date
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