



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 8, 2024

Kathryn Simpson
Progressive Lifestyles Inc
Suite 150
1370 North Oakland Blvd
Waterford, MI 48327

RE: Application #: AS630418392
Auburn
3103 Crooks Rd
Rochester Hills, MI 48309

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 3 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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd.
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418392
Applicant Name:	Progressive Lifestyles Inc
Applicant Address:	Suite 150 1370 North Oakland Blvd Waterford, MI 48327
Applicant Telephone #:	(248) 933-7392
Licensee/Licensee Designee:	Kathryn Simpson
Administrator:	Jennifer Bohne
Name of Facility:	Auburn
Facility Address:	3103 Crooks Rd Rochester Hills, MI 48309
Facility Telephone #:	(248) 884-0765
Application Date:	04/11/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/11/2024	Enrollment
04/16/2024	PSOR on Address Completed
04/16/2024	Application Incomplete Letter Sent 1326/RI030, AFC 100
04/16/2024	Contact - Document Sent Forms sent
06/11/2024	Contact - Document Received 1326/RI030, AFC 100,
06/18/2024	Application Incomplete Letter Sent
09/17/2024	Inspection Completed On-site
09/17/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Auburn is a ranch style home located in the of City of Rochester Hills. The home consists of a living room and dining room which is adjacent to the kitchen. There are three bedrooms and one full bathroom and one-half bathroom. This home is NOT wheelchair accessible. **Auburn** utilizes public water supply and sewage disposal system. There is a fenced in large backyard and patio area for the residents to enjoy.

The furnace and the hot water heater are located on the same floor as the residents and is 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, single-station smoke detectors 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	12'10" x 10'05"	134	1
2	12'10" x 10'01"	129	1
3	10'01" x 10'00"	100	1

Total capacity: 3

The indoor living, dining, and media areas measure a total of 324 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 3 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Kathryn Simpson intends to provide 24-hour supervision, protection, and personal care to 3 male and/or female residents who are aged mentally ill and 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. Mrs. Simpson intends to accept referrals from Oakland County Community Mental Health.

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 Mrs. Simpson 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 of residents.

C. Applicant and Administrator Qualifications

The applicant is Progressive Lifestyles, Inc., a "Non-Profit Corporation", established in Michigan on 04/06/1983. 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. have submitted documentation appointing Kathryn Simpson as licensee designee and Jennifer Bohne as administrator for this facility.

Criminal history background check of Mrs. Simpson was completed, and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Simpson submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mrs. Simpson and Ms. Bohne have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Simpson has been working in the capacity of a licensee and an administrator and providing direct care services to the mentally ill and developmentally disabled population since 1992. Mrs. Simpson has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents at Progressive Lifestyles, Inc., other 14 licensed AFC homes in the State of Michigan.

Ms. Bohne has been working in the capacity of an administrator to the mentally ill and developmentally disabled population for five years. She is currently the administrator for Progressive Lifestyles, Inc. other 14 licensed AFC homes in the State of Michigan.

The staffing pattern for the original license of this 3 bed facility is adequate and includes a minimum of 2 staff for 3 residents per shift. Mrs. Simpson acknowledged that the staff to resident ratio may need to be increased 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. Mrs. Simpson has indicated that direct care staff will be awake during sleeping hours.

Mrs. Simpson acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mrs. 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.

Mrs. Simpson acknowledged an understanding of the responsibility to assess the good moral character of employees. Mrs. 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.

Mrs. 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(s) *or licensee designee* will administer medication to residents. In addition, Mrs. 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.

Mrs. 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, Mrs. 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.

Mrs. 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.

Mrs. Simpson acknowledge the responsibility to obtain the required written assessment, 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.

Mrs. 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.

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

Mrs. 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. The applicant (s) indicated the intent to respect and safeguard these resident rights.

Mrs. 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.

Mrs. 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.

Mrs. 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to Auburn, an adult foster care group home with a capacity of three **(3)** residents.

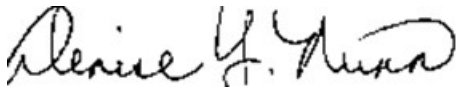


09/25/2024

Frodet Dawisha
Licensing Consultant

Date

Approved By:



10/08/2024

Denise Y. Nunn
Area Manager

Date