



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

March 10, 2004

Ted Devantier  
Macomb Residential Opportunities  
Suite #302  
2 Crocker  
Mt Clemens, MI 48043

RE: Application #: AS500261617  
Kolarik House  
31026 Louise  
Chesterfield Twp., MI 48047

Dear Mr. Devantier:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (586) 412-6802.

Sincerely,

Carol Trombley, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 301  
16000 Hall Road  
Clinton Township, MI 48038  
(586) 412-6836

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS500261617

**Applicant Name:** Macomb Residential Opportunities

**Applicant Address:** Suite #302  
2 Crocker  
Mt Clemens, MI 48043

**Applicant Telephone #:** (586) 469-4480

**Administrator/Licensee Designee:** Ted Devantier, Designee

**Name of Facility:** Kolarik House

**Facility Address:** 31026 Louise  
Chesterfield Twp., MI 48047

**Facility Telephone #:** (586) 598-5093  
10/08/2003

**Application Date:**

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

10/08/2003	Enrollment
10/20/2003	Comment Transferred for on-site - Entire LU file sent to Clinton Twp
10/22/2003	Contact - Document Received Licensing file received from Central Office on 10/22/2003.
11/26/2003	Inspection Completed On-site Preliminary Inspection
02/11/2004	Inspection Completed On-site
02/11/2004	Inspection Completed-BFS Sub. Compliance
02/11/2004	Corrective Action Plan Received
02/11/2004	Corrective Action Plan Approved

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Environmental

The Kolarik House is a brick colonial building. On the first floor, there is a family room, kitchen, dinette, one bedroom and bathroom, and laundry room. On the second floor, there are four bedrooms, bathroom and a sitting area.. The gas furnace is located in the basement. There are at least two means of egress.

Water and sewage systems are public.

The following bedroom dimensions are according to Rule 400.14409(3):

<u>Bedroom</u>	<u>Square Footage</u>	<u>Capacity</u>
First Floor	154	2
Second Floor		
Southeast	241	2
Southwest	148	2
Northwest	157	2
Northeast	150	2

According to Rule 400.14405(1), the following rooms were measured for square feet of indoor living space:

<u>Living Space</u>	<u>Square Footage</u>
Family Room	375
Dinette	129
Sitting Area	47

The above measurements for the bedrooms and for the indoor living space are sufficient for the proposed capacity of six residents. The floor plan will indicate how many beds will be placed in each bedroom to equal six residents.

## 2. Sanitation

The Kolarik House will utilize public water and sewage systems.

At final inspection, the kitchen and bathroom areas were noted to be adequately equipped and in a clean condition. There was hot and cold running water that was under pressure. All garbage will be kept in leak proof nonabsorbent containers with tight fitting lids. Poisons, caustics and other dangerous materials will be stored and safeguarded in nonresident areas and in nonfood preparation and storage areas.

All habitable rooms were noted to be well ventilated. Shower and bath areas were equipped with handrails and nonskid surfacing. Bathrooms and toilet facilities were noted to have forced ventilation to the outside. The water temperature tested at the required temperature.

## 3. Fire Safety

This consultant completed a fire safety inspection in the facility. The facility was noted to be in full compliance with administrative rule requirements relating to fire safety.

## **B. Program Description**

### A. Quality of Care

#### 1. Administrative Structure and Capability

Macomb Residential Opportunities, Inc. was incorporated on 2-12-82. The corporation's stated purpose are charitable, religious, educational and scientific including, but not limited to the development and management of home-like transitional living situations for developmentally disabled adults requiring 24-hour supervision

and/or assistance to provide an environment conducive to social and psychological growth toward a maximum state of independence' to own, operate, manage or supervise group homes, congregate living arrangements, and other alternative living arrangements for the developmentally disabled, with emphasis and priority for the mentally retarded.

Macomb Residential Opportunities, Inc. is a nonprofit corporation. It consists of the following positions: Board of Directors, Executive Director, Program Supervisor, administrative bookkeeper, bookkeeping assistant, home manager and direct care workers.

A review of adult foster care licensing records indicates that Macomb Residential Opportunities, Inc. is currently licensed to operate small group homes in the State of Michigan.

Job descriptions for the above positions had been submitted to the department for review and inclusion into the licensing records, and have been determined to be acceptable as written.

The following documents are included in the licensing records: certificate of Incorporation, Articles of Incorporation, and Articles of Incorporation By-laws.

The corporation has submitted the following documents to the department verifying it will have the funding required to provide the program as stipulated: Current Balance Sheet, Proposed Budget, and Specialized Residential Service Contract.

The applicant is Ted DeVantier.

A licensing record clearance request has been received and processed for Mr. DeVantier verifying his good moral character and suitability. He is the executive director of the corporation.

Susan Arnott has been designated by the corporation to be the home administrator. She and Mr. DeVantier will be the persons who will be taking the 16 hours of training or 6 credit hours of training on an annual basis.

A licensing record clearance request has been received and processed for Ms. Arnott verifying her good moral character and suitability.

Administrative Rule 103(5) regarding changes and information, and Administrative Rule 104, outlining licensee and applicant rights were explained to Ms. Arnott. They indicated that it is the corporation's intent to insure compliance with these requirements.

At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to the administrative structure and capability.

## 2. Qualification and Competency

Materials have been submitted to the department verifying that Ms. Arnott possesses the qualifications for administrator as required by the administrative rules. A review of Ms. Arnott's professional background and employment history reveals that she possesses experience in the field of residential care and in the operating of adult foster care facilities. Materials are already on file for Mr. DeVantier.

Current medical clearance requests and release forms have been received certifying that Ms. Arnott is in good physical health and has no limitations for work with or around dependent adults. Results of the TB test indicate she is free from communicable tuberculosis. The same information is on file for Mr. DeVantier. At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to administrative qualification training and health.

## 3. Program Statement

The following information is included in the program statement for the facility:

The Kolarik House is a small group home for developmentally disabled adults. The home provides services to six female residents, in the moderate to severe ranges of mental retardation. The home will maintain Certification as a Specialized Residential Program.

The home program is primarily designed for individuals with developmental disabilities, with activities and programs designed to maintain or increase independence in daily living skills and to maximize participation in community life.

The home will provide room, and board and twenty-four hour supervision, as well as basic self-care and habilitative training. The goals of the home training programs will be based on individual needs as recommended by an interdisciplinary team of professionals, and will be designed to increase the residents level of independence. Each resident will have an individual program plan stating these programs and goals.

Home staff will be certified under the training program provided by the Department of Community Health through its local agencies. Staff competencies will include First Aid and CPR, medication administration, individual client personal care, programming and supervision needs, reporting requirements and emergency procedures.

There will be supervised outings in order to provide the opportunity to learn appropriate social skills and to benefit from the variety of resources and activities available in the community.

Appropriate out of home, day programs may include an adult day training program or activity program, placement in a sheltered workshop, or supported employment in a community setting.

Psychological or personal adjustment services will be arranged. Local doctors, dentists, hospital, etc will provide health services. The home will arrange for these services and provide transportation to and from appointments. A primary care physician will be identified who will see the residents on a regular basis, and provide referrals to specialists as needed. A registered nurse will be assigned to the home by the contract agency who will review the treatment plans monthly.

Fire safety/evacuation training will be a part of each residents training program, unless it is determined not to be applicable by the Interdisciplinary Team, due to medical or physical limitations.

The home will keep and maintain a vehicle for use in transporting residents to medical appointments and recreational activities, and to carry out the general business of the home.

The group home will insure that the rights and privileges of the clients established by the Michigan Mental Health Code and the Family Independence Agency licensing regulations are maintained and protected. No privilege or activity will be denied unless the limitation is a part of the approved individual program plan.

Referral for admission must come from the Macomb Oakland Regional Center. Referrals must then meet the admission criteria established by Macomb Residential Opportunities, Inc. This applies to all admissions, both for respite or permanent placement.

A copy of the facility's admission/discharge policy has been submitted to the department for review and is acceptable as written. The admission policy indicates that residents who require skilled nursing care or who are medically fragile, or who have behavior problems which are dangerous to themselves or to others, will not be admitted to or retained for care, at the Kolarik House.

At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to admission and discharge and programming.

#### 4. Facility and Employee Records

At final inspection, the following documents were available for the department review:

- Admission Policy
- Program Policy
- Discharge Policy
- Personnel Policies and Procedures
- Emergency Preparedness Plans
- Staff Schedules

Departmental requirements relating to the maintenance of the resident register, as outlined under Administrative Rule 210 were explained to Ms. Arnott. She also have indicated that is the corporation's intent to assure compliance in the area of employee records.

There are presently six residents living in the facility.

#### 5. Resident Care, Services and Records

At final inspection, administrative rule requirements relating to resident identifying information, health care appraisals, medication logs, health care chronologicals, resident care agreements, assessment plans, weight records, incident reports, resident funds and resident grievances were explained to Ms. Arnott, and she indicated that it is the corporation's intent to assure compliance with these requirements. The corporation was provided with an initial supply of required department forms.

Prior to the expiration date of the temporary license, an on-site inspection will be made to determine the facility's level of compliance in the area of resident records. Resident rights as outlined under Administrative Rule 304 were explained to Ms. Arnott, and she indicated that it is the corporation's intent to assure compliance with this requirement. Requirements pertaining to incident and accident reports as outlined under Administrative Rule 311 were explained to Ms. Arnott, and that it is the corporation's intent to comply with the departmental requirements.

Medication procedures were reviewed and it was noted that all medications would be kept in the original containers in a locked cabinet. Medications will be separated according to internal and external use. Only trained staff will be permitted to dispense medications. All medication errors will be reported to the resident's physician and recorded in each resident's health care chronological.

Departmental requirements relating to resident's nutrition, as outlined under Administrative Rule 313 were explained to Ms. Arnott. Menus shall be written at least one week in advance and posted. Records and menus shall be kept by the licensee for one calendar year.

#### **C. Rule/Statutory Violations**

##### **R 400.14403**

##### **Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.



