



JENNIFER M. GRANHOLM  
GOVERNOR

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



MARIANNE UDOW  
DIRECTOR

March 14, 2005

Denice Tiggs  
Patrick Community Living Facility, Inc.  
7075 Jennings Rd.  
Swartz Creek, MI 48473

RE: Application #: AS250272749  
Woodmoor Home  
7075 Jennings Rd.  
Swartz Creek, MI 48473

Dear Ms. Tiggs:

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 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 (810) 760-2598.

Sincerely,

Mildred Schwarcz, Licensing Consultant  
Office of Children and Adult Licensing  
2320 W. Pierson Rd.  
Flint, MI 48504  
(810) 760-2369

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250272749

**Applicant Name:** Patrick Community Living Facility, Inc.

**Applicant Address:** 7075 Jennings Rd.  
Swartz Creek, MI 48473

**Applicant Telephone #:** (810) 742-9234

**Administrator/Licensee Designee:** Denice Tiggs, Designee

**Name of Facility:** Woodmoor Home

**Facility Address:** 7075 Jennings Rd.  
Swartz Creek, MI 48473

**Facility Telephone #:** (810) 618-9088

**Application Date:** 12/28/2004

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

12/28/2004	Enrollment
01/10/2005	Application Incomplete Letter Sent Need items 18 and 19 completed
01/19/2005	Contact - Document Received Complete supplemental form public water, private sewer
01/21/2005	Inspection Report Requested - Health
02/01/2005	Application Incomplete Letter Sent Request for additional documents.
02/04/2005	Contact - Telephone call received Licensee requesting initial onsite. Scheduled for 02/08/2005.
02/08/2005	Inspection Completed On-site
03/11/2005	Inspection Completed On-site
03/14/2005	Application Complete/On-site Needed
03/14/2005	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The proposed facility is a one story brick structure, located in an area with similar style dwellings. The facility has an attached garage and a concrete driveway. There are three double occupancy bedrooms, a full bathroom with a shower, a full bathroom with a tub, an activity room, a living room, a family room, a kitchen, a dining room, a staff office, and a laundry room. The furnace and the hot water heater are in an approved enclosure, which is accessible from the garage. The smoke detection system is powered from the building's electrical system and when activated, the system initiates an alarm that is audible in all sleeping rooms with the door closed. The facility utilizes a private water supply system and the municipal sewage disposal system.

The proposed resident bedrooms were measured and the dimensions are as follows:

Bedroom #1 contains 161 square feet of usable floor space and will accommodate two (2) residents.

Bedroom #2 contains 161 square feet of usable floor space and will accommodate two (2) residents.

Bedroom #3 contains 161 square feet of usable floor space and will accommodate two (2) residents.

The living room contains 216 square feet of indoor living space and this exceeds the requirement for six (6) occupants.

The maximum approved capacity is restricted to six (6) residents.

## **B. Program Description**

On 12/28/2004, an application for an adult foster care license was received from Patrick Community Living Facility, Inc. The licensee applied in order to relocate their existing licensed adult foster care small group home, Woodmoor Road Home. All the residents will be relocating to the new facility in Swartz Creek.

The licensee will continue to provide personal care, supervision, and protection to six (6) developmentally disabled adult females. The facility can also accommodate individuals with physical handicaps or those requiring use of wheelchairs due to its barrier free construction. Services will include self-care training and daily living skills training. Residents will be afforded the opportunity to participate in community-based programs, such as day programs and recreational activities. Residents will also be given opportunities to attend religious services of their choice. Transportation will be provided and or arranged by the licensee, for medical appointments and other activities. Supportive services from a team of professionals will also be available as assigned by the responsible agency. All services will be provided in accordance with the residents' assessment plans.

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

As of 03/14/2005, the facility is determined to be in substantial compliance with all licensing rules pertaining to quality of care. The licensee designee meets all the requirements regarding education, training and competency. The licensee designee has several years of experience working with developmentally disabled adults within an adult foster care setting. A good moral character assessment of the licensee designee, via a criminal history record check, was completed. The information is in the file. A medical clearance request form was submitted by the licensee designee. This medical information is also in the file.

As of 03/14/2005, the facility is determined to be in substantial compliance with all licensing rules pertaining to environmental health and physical plant. The Genesee County Health Department completed an inspection on 02/01/2005 and granted the facility an "A" rating.

As of 03/14/2005, the facility is determined to be in substantial compliance with all licensing rules pertaining to fire safety. The facility is equipped with a smoke detection system that is powered by the building's electrical system. This facility was originally built and designed as an Alternative Intermediate Services (AIS) facility and this means that it exceeds licensing rule requirements for fire safety.

**IV. RECOMMENDATION**

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

\_\_\_\_\_ Date  
Mildred Schwarcz  
Licensing Consultant

Approved By:

\_\_\_\_\_ Date  
Andrew D. McKellar  
Area Manager