



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

January 13, 2006

Mabel Higgs  
Family Living Center Inc  
Suite 101  
132 Franklin Blvd  
Pontiac, MI 48341

RE: Application #: AS630268393  
Hearthside Home  
4778 W. Quarton  
Bloomfield Hills, MI 48301

Dear Mrs. Higgs:

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 and special certification 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 (248) 975-5053.

Sincerely,

Ruth McMahon, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 358  
41000 Woodward  
Bloomfield Hills, MI 48304  
(248) 975-5084

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS630268393

**Applicant Name:** Family Living Center Inc

**Applicant Address:** Suite 101  
132 Franklin Blvd Suite 101  
Pontiac, MI 48341

**Applicant Telephone #:** (248) 334-5330

**Administrator/Licensee Designee:** Mabel Higgs, Designee

**Name of Facility:** Hearthside Home

**Facility Address:** 4778 W. Quarton  
Bloomfield Hills, MI 48301

**Facility Telephone #:** (248) 538-1676

**Application Date:** 07/06/2004

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

07/06/2004	Enrollment
07/08/2004	Application Incomplete Letter Sent Request 1326 for Mabel Higgs
07/19/2004	Contact - Document Received Rec'd 1326 for Mabel Higgs
07/23/2004	File Transferred To Field Office Bloomfield Hills
07/27/2004	Comment orig app pkt received
08/23/2004	Inspection Completed On-site
08/23/2004	Inspection Completed-BFS Sub. Non-Compliance
09/23/2004	Application Incomplete Letter Sent
05/12/2005	Comment SC Appli mailed to licensee
11/21/2005	Inspection Completed On-site
11/21/2005	Application Incomplete Letter Sent
12/15/2005	SC application received
12/21/2005	Corrective Action Plan Received
12/21/2005	Corrective Action Plan Disapproved The alarm company is scheduled to come out and repair the system on 12/29. A part is needed.
01/12/2006	Corrective Action Plan Received
01/13/2006	Inspection Completed Full Compliance
01/13/2006	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

**A. Physical Description of Facility**

The Hearthside Home is located in Bloomfield Hills, Michigan off Telegraph Road on Quarton, in Oakland County. Leslie and Leon London are the owners of record. A lease agreement was signed on August 29, 2003 with Community Housing Network Inc on behalf of Oakland County Community Mental Health Authority. The lease is on a year to year basis. The lease is automatically renewed.

The Hearthside Home is a colonial single family dwelling. There is a circle driveway in the front and parking in the driveway. The home has a two and one half car attached garage. The first floor consists of a kitchen, laundry, office, dinig room, living room and family room. There is a deck off the family room. The second floor consists of four bedrooms and two full baths. The home is part of a well-established subdivision, which. The interior of the home is spacious, comfortable, clean, and well maintained. The home does not have a basement and cannot accommodate wheelchairs. The home has two primary means of egress, the front door and the rear door.

Resident bedrooms were measured at the time of final inspection and were found to be of the following dimensions and accommodation capability:

<b>BEDROOM</b>	<b>DIMENSIONS</b>	<b>SQ. FOOTAGE</b>	<b>OCCUPANCY</b>
Southwest	15'5" x 10	154.2 square feet	2
Northwest	11'10" x 10'11"	129.1 square feet	1
Northeast	10'11" x 10'10"	116.4 square feet	1
Southeast	17'4 x 11'10"	205 square feet	2

The living space for the home was measured and is listed below:

The home has a living room that measures 206.5 square feet, a dining room measures 158.1 square feet., a family room that measured 247.9 sq feet, an office which was not included in the living space. The proposed capacity for the home is six. The home has a total of 612.5 sq. feet of living space. Based upon the above measurements, there will be more than the required 35 square feet per resident minimal living space available for the residents of the home.

The Hearthside Home has public water and private sewage services. The laundry facilities are located in a separate room off the hallway by the kitchen. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

The building has a hard wired smoke detection system and has a battery back up system. The home has fire extinguishers.

A gas forced air furnace heats the facility. The furnace and the gas hot water heater are located in the basement.

Evacuation routes were also posted in the facility, with emergency telephone numbers posted in proximity to the telephone. The home had its emergency preparedness plans posted as required. The home has emergency medical services available through the city of Bloomfield Hills.

## **B. Program Description**

The facility will offer a specialized program for male adults who are 18 years or older who are Developmentally Disabled.. The home is not equipped to serve people who require wheelchair use. Mrs. Higgs has a contract through Macomb Oakland Regional Center. Referrals to the home will come through Macomb Oakland Regional Center.

On July 6, 2004, Mrs. Higgs submitted an application on behalf of Family Living Center Inc. to operate a small group AFC facility at the above referenced address in Bloomfield Hills Michigan. Mrs. Higgs's corporation is a domestic non-profit corporation with tax-exempt status. The filing endorsement from the Michigan Department of Commerce and has a filing date of February 23, 1979.

As part of the application process Mrs. Higgs submitted admissions, discharge policies, a program statement, a floor plan with room use and size specifications. Personnel policies, job descriptions, and all required corporate licensing documents are on file with the department.. The documents were reviewed and found to be in substantial compliance with licensing

A Records Clearance Request has been processed for Mrs. Mabel Higgs , who is the licensee designee and administrator for the corporation. The corporation operates six other adult foster care home in Oakland County, under the Family Living Center Inc. A current Licensing Medical Clearance form for Mrs. Higgs is contained in the record. The form indicates that she is in good physical and emotional health, and there is no reason why she should not be involved in the operation of this facility, and the provision of adult foster care. A current negative TB test is also on file.

A copy of the proposed staffing pattern is contained in the licensing file. The proposed staffing pattern appears to meet the care requirements of the proposed population described in the home's program statement. The staffing pattern will also meet the requirements of the contract agency.

Mrs. Higgs is aware of the requirements for staff qualifications and training. All staff will be trained as required in rule 204. (3) and Mrs. Higgs and intends to comply with the rules. The corporation will verify age and checks references before a person is offered employment. Mrs. Higgs will conduct criminal background checks as required by Public

Act 218 Section 13 and Section 34. Mrs. Higgs provides an orientation and training of her own relating to reporting requirements, emergency procedures, prohibited practices, resident rights, and personal care, protection, and supervision required in adult foster care. Each employee must complete certified training in First Aid and CPR. Mrs. Higgs will send employees through training required by the responsible agency. Evidence of staff training will be maintained in the employee records. for future review.

Mrs. Higgs understands the requirements pertaining to resident records, resident rights and prohibited practices and to investigating and reporting.

Mrs. Higgs understands the licensing requirements pertaining to incident and accident reports, safeguarding and distributing of prescription medication

Mrs. Higgs was advised of the required forms and technical assistance was provided in completing the required forms, employee records, the accounting of funds and valuables, and fire drills.

Mrs. Higgs also understands relating to resident recreation and intends to comply through an activity schedule for the home, which will expose the residents to a variety of community based recreation and leisure time activities.

Mrs. Higgs is aware of the requirements of rules, regarding emergency and regular transportation.

All rule violations cited at the final inspection have been corrected.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this Adult Foster Care Home capacity six.

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Ruth McMahan  
Licensing Consultant

Date

Approved By:

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Barbara Smalley  
Area Manager

Date