



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

January 25, 2006

Anh Huynh
Twin Oaks Extended Care Corp.
27024 Norfolk
Inkster, MI 48141

RE: Application #: AS820272335
Twin Oaks II
311 Central
Inkster, MI 48141

Dear Ms. Huynh:

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 4 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 (313) 456-0380.

Sincerely,

Edith Richardson, Licensing Consultant
Office of Children and Adult Licensing
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 456-0429

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820272335
Applicant Name:	Twin Oaks Extended Care Corp.
Applicant Address:	27024 Norfolk Inkster, MI 48141
Applicant Telephone #:	(734) 729-9142
Administrator/Licensee Designee:	Anh Huynh, Designee
Name of Facility:	Twin Oaks II
Facility Address:	311 Central Inkster, MI 48141
Facility Telephone #:	(734) 729-9142
Application Date:	12/09/2004
Capacity:	4
Program Type:	MENTALLY ILL

II. METHODOLOGY

12/09/2004	Enrollment
12/15/2004	File Transferred To Field Office Detroit
02/04/2005	Application Incomplete Letter Sent
08/11/2005	Contact - Document Received
08/14/2005	Application Incomplete Letter Sent
09/26/2005	Contact - Document Received
09/26/2005	Application Complete/On-site Needed
10/21/2005	Contact - Telephone call made Called to schedule appointment for the 27th stated that was not a good date. Will call back to re-schedule
11/04/2005	Inspection Completed-BFS Sub. Compliance
11/04/2005	Inspection Completed On-site
11/09/2005	Contact - Face to Face T/A
01/13/2006	Inspection Completed On-site
01/13/2006	Corrective Action Plan Received
01/13/2006	Corrective Action Plan Approved
01/17/2006	Contact - Document Received
01/17/2006	Inspection Completed On-site Remove beds over proposed capacity & smoke detection
01/20/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Twin Oaks II is a single story structure in the city of Inkster. This home is not wheel chair accessible and therefore, cannot house anyone that is non-ambulatory. This home has a kitchen, dining room, living room, three bedrooms, and a full bath on the

first floor. The heating plant is located in the basement of this home. The heating plant is separated from the rest of this facility by a an enclosed room that is constructed of material which has a 1-hour-fire resistance rating, and the door is made of 1 3/4-inch solid core wood. The door is also hung in a fully stopped wood frame and is equipped with an automatic self-closing device and positive-latching hardware.

The west and northeast bedrooms are single occupancy. The southeast bedroom is double occupancy. They were measured during the initial onsite inspection and have the following dimensions:

The west bedroom is 99 square feet and will accommodate 1 resident.

The northeast bedroom is 108 square feet and will accommodate 1 resident.

The southeast bedroom is 132 square feet and will accommodate 2 residents.

The facility is equipped with a smoke detection system powered from the building's electric system and when activated initiates an alarm that is audible in all sleeping rooms with the door closed. The smoke detection system has been inspected and approved by a licensed electrician.

The living room and dining room areas provide an adequate amount of living space that meets the 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate four (4) residents.

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. They indicate that the licensee intends to provide 24-hours personal care and protection for four (4) male or females whose diagnosis is mentally ill, in the least restrictive environment possible. The program will include improve communication skills. Improve community skills, improve self-care skills, and increased socialization skills. Emphasis is placed on having resident participate in a program designed to meet their social and behavioral developmental needs. Residents will be referred from The Department of Community Health, Department of Human Services, and the general public.

The licensee will provide all transportation for program and medical needs. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including, public school, public library, and local parks.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/ administrator, Anh Huynh. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB- X-ray negative results.

As administrator she has 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 six-bed facility is adequate and includes a minimum of 1staff -to- 4 residents per shift. The licensee designee has indicated that 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 acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that the Michigan State Police Lein system will be utilized as the process to identify criminal history when assessing good moral character.

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.

