



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 19, 2008

Keta Cowan
Synod Residential Services
P.O. Box 980465
Ypsilanti, MI 48197

RE: Application #: AS810296089
Synod House
1315 S. Seventh
Ann Arbor, MI 48103

Dear Ms. Cowan:

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 (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant
Bureau of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

cc: Adult Services, Washtenaw Co. DHS
C.S.T.S., Washtenaw Co. Health Organization

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS810296089 |
| Applicant Name: | Synod Residential Services |
| Applicant Address: | 615 S. Mansfield Ypsilanti, MI 48197 |
| Applicant Telephone #: | (734) 483-9363 |
| Administrator/Licensee Designee: | Keta Cowan, Designee & Administrator |
| Name of Facility: | Synod House |
| Facility Address: | 1315 S. Seventh Ann Arbor, MI 48103 |
| Facility Telephone #: | (734) 481-1338 |
| Application Date: | 05/12/2008 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL AGED |

II. METHODOLOGY

Licensing for this facility is based upon Public Act 218 and the administrative rules for small group homes effective May 24, 1994.

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows,

| | |
|------------|---|
| 05/12/2008 | Enrollment |
| 05/23/2008 | Contact - Document Received Verification of ownership |
| 05/27/2008 | Application Incomplete Letter Sent |
| 05/30/2008 | Inspection Completed-BFS Sub. Compliance |
| 05/30/2008 | SC-Application Received - Original |
| 05/30/2008 | Contact - Document Received Documentation requested in confirming letter |
| 07/17/2008 | Contact - Telephone call received The licensee designee provided a summary of her experience and credentials |
| 07/29/2008 | Contact – Onsite Inspection Final inspection |
| 08/08/2008 | Contact – Document received Copy of licensee designee’s medical exam report and latest TB testing |
| 08/08/2008 | Contact – Document received Written CAP emanating from final on-site inspection |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description:

The facility is a 2 – story brick facility located in the City of Ann Arbor. An unattached 2 – car garage is located at the rear of the facility.

The facility formerly served adolescent females for a number of years, but was recently closed.

The front entrance of the facility opens to a small foyer. Off the foyer is the primary living area (191 square feet). Also off the front foyer is a ½ bathroom to the left of the foyer.

Off the living area is the combination kitchen and dining area. The dining area measures 88 square feet. The kitchen contains all modern appliances including an automatic dishwasher and microwave oven.

A corridor off the living area extends to two resident bedrooms and a full bathroom.

Off the kitchen area is a facility office, stairway to the basement and a second exit from the facility.

The 2nd floor of the facility contains two additional resident bedrooms and a full bathroom.

Resident medications are stored in a locking cabinet located in the facility office. The facility contains a central air-conditioning system.

The resident bedrooms are located and measure as follows:

- 1st Floor Southeast Corner: 10'10" X 10'2" + 2'3" X 5'4" = 122 sq. ft. (1)*
- 1st Floor Southwest Corner: 12'5" X 11'8" + 2'3" X 6'10" = 160 sq. ft. (2)
- 2nd Floor Southeast Corner: 10'3" X 12' – 1' X 4' = 119 sq. ft. (1)
- 2nd Floor Southwest Corner: 15' X 11'11" – 2'6" X 5' = 192 sq. ft. (2)

*() Denotes the number of licensed beds

Although the front entrance is ramped, the facility is not wheelchair accessible. The 2nd exit is not ramped.

2. Sanitation:

The facility is served by city water and sewer. Garbage service is provided by the City of Ann Arbor.

3. Fire Safety:

The facility is heated by a natural gas-fired forced air furnace located in an enclosed heat plant room in the basement. The gas-fired water heater is also located in this same room. The furnace is a high efficiency model utilizing PVC pipe for combustion air intake and exhaust.

The facility is protected by a hard-wired smoke detection system. This system was summarily tested during the preliminary on-site inspection.

An exterior emergency fire exit exists off the 2nd floor southwest corner bedroom. It's accessed via a 21 inches wide and 4 foot high doorway. This small doorway exits to a long 2nd floor exterior walkway and stairway to ground level. This exit is not on the floor plan for the facility.

B. Program Description

1. Administrative structure & capability:

According to the Restated Articles of Incorporation, Synod Residential Services was originally incorporated on March 28, 1986. Its original mission statement described the corporation as "a private non-profit corporation...committed to providing individualized services to maximize dignity and independence." The corporation includes a number of programs to assist persons with mental illness, including 12 other licensed adult foster care facilities.

The licensee designee for the corporation is Keta Cowan. She is also named as the primary administrator for the licensed adult foster care facilities.

The facility has also been issued a temporary special certification to serve persons with a mental illness. A contract has been established between the licensee and the Washtenaw County Health Corporation to serve those same persons. A copy of the most recent contract dated September 28, 2007, is contained in the licensing record.

The facility is currently owned by the Washtenaw County Health Organization. The facility is leased to the licensee for the provision of services.

2. Qualifications and competencies:

According to Ms. Cowan, she has been affiliated in different capacities with Synod since approximately 1991. Since approximately 2003, she has been the licensee designee. She has a bachelor's degree from Harvard and a Juris Doctorate from the University of Michigan. She's also a member of the National Association of Elder Law Attorneys

Direct care staff for the facility have been trained in all components required by licensing and all components required by the contract agency. A random sampling of employee records determined those records to meet licensing requirements, which included background/fingerprint checks as required by law.

3. Program Information:

The residents of this facility will have transferred, in part, from an adult foster care facility now closing (Synod House – AM810009788).

According to documentation submitted by the licensee, this facility will provide a variety of services including accessible living, individualized care, person centered planning, health care assistance, medication support, symptom management, personal growth, food and nutrition, and transportation services. The residents will have a diagnosis of mental illness. Residents will include both males and females.

According to the admission guidelines:

Prior to a consumer's admission, a Program Manager, Program Supervisor or Director of Programs will complete a pre-admission written assessment with the consumer to verify that the program is suitable for the consumer's goals and needs.

Suitability is based on a determination that:

1. the amount of personal care, supervision, and protection the person requires is available at and can be provided by the program.
2. the kinds of services, skills, and physical accommodations necessary to meet the consumer's needs are available in the program; and
3. Other program participants and the consumer are compatible.

4. Facility and employee records:

Resident records will be stored at the facility, and they remain available for review as necessary. Employee records are stored at the licensee's administrative offices.

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. Those resident rights will be reviewed with each individual resident and/or designated representative.

6. Conclusions:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim or renewal inspection.

IV. RECOMMENDATION

It is recommended that a temporary license with special certification be issued. The terms of the license will permit the licensee to provide care for up to six male or female adults who are mentally ill.

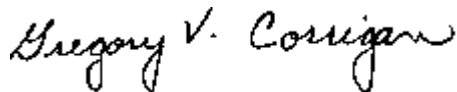


8/18/2008

Chuck Wisman
Licensing Consultant

Date

Approved By:



08/19/2008

Gregory V. Corrigan
Area Manager

Date