



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

November 29, 2010

Daniel Duffy  
Verde Valley LLC  
C/O Daniel Duffy  
PO Box 6280  
Saginaw, MI 48608-6280

RE: Application #: AS250307777  
Cold Water  
8163 Coldwater Road  
Flushing, MI 48433

Dear Mr. Duffy:

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 (989) 758-2717.

Sincerely,

Lisa Gundry, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 110  
1388 W. Bristol Rd.  
Flint, MI 48507  
(810) 787-7033

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250307777

**Applicant Name:** Verde Valley LLC

**Applicant Address:** 3340 Hospital Road  
Saginaw, MI 48603

**Applicant Telephone #:** (989) 284-3954

**Administrator/Licensee Designee:** Daniel Duffy, Designee

**Name of Facility:** Cold Water

**Facility Address:** 8163 Coldwater Road  
Flushing, MI 48433

**Facility Telephone #:** (989) 284-3954  
04/19/2010

**Application Date:**

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

04/19/2010	Enrollment
05/04/2010	Application Incomplete Letter Sent
06/01/2010	Inspection Completed On-site
11/23/2010	Inspection Completed On-site
11/23/2010	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The proposed facility is a large single story home, located in the township of Flushing. It is situated in a well established neighborhood. The home is barrier free and approved for wheelchair usage. The facility consists of six single occupancy bedrooms, one full bathroom with a barrier free shower, a half bathroom, a living room, a family room, a program room, a staff office, a kitchen, a dining room, and a laundry room. There is a cement driveway, with adequate parking for staff and visitors. There is a big backyard, with an area for outdoor recreation.

The furnace and hot water heater are located on the main floor in an enclosed room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility utilizes a municipal water supply and sewer supply system.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17 x 14	238	1
2	12'1 x 16'11"	204	1
3	11' x 14'8"	206	1
4	13'11" x 16	222	1
5	11'3" x 14'3"	160	1
6	14'3" x 12'1"	172	1

The living room and dining area measures a total of 975 square feet of living space. The program and therapy area measures 40' x 40' or 1600 square foot of area. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were adequately furnished, clean, and met all applicable rules relating to environmental and fire safety requirements.

The home has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lath and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.1502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant, Verde Valley, LLC submitted a copy of the required documentation to the consultant. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female wheelchair disabled adults who are physically handicapped or traumatic brain injured, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

Verde Valley, LLC will ensure that the resident's transportation and medical needs are met. Verde Valley, LLC has transportation available for residents to access community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

On 4/19/2010, Verde Valley, LLC submitted an application to provide foster care services to six adults at 8163 Coldwater Rd. Flushing, Michigan.

The applicant, Verde Valley, LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 4/21/2010. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Verde Valley, LLC. has submitted documentation appointing Daniel Duffy as Licensee Designee and administrator for this facility. A Licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee. The licensee designee submitted a medical clearance request with a statement from his respective physician documenting his good health and current TB-tine negative results.

The licensee designee 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift.

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 1–to-6 resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

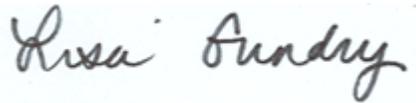
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

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



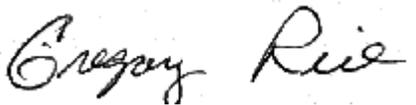
11/29/2010

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Lisa Gundry  
Licensing Consultant

Date

Approved By:



11/29/2010

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Gregory Rice  
Area Manager

Date