



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

December 1, 2010

Reeta Smith  
Redwood Inc  
PO Box 684  
Oxford, MI 48371

RE: Application #: AM440303132  
Oak Hill  
140 Larson Road  
Attica, MI 48412

Dear Ms Smith:

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 9 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,

Bruce A. Messer, Licensing Consultant  
Bureau of Children and Adult Licensing  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 758-2743

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM440303132
<b>Applicant Name:</b>	Redwood Inc
<b>Applicant Address:</b>	3280 Trillium Lane Oxford, MI 48371
<b>Applicant Telephone #:</b>	(248) 625-1280
<b>Administrator/Licensee Designee:</b>	Reeta Smith, Designee
<b>Name of Facility:</b>	Oak Hill
<b>Facility Address:</b>	140 Larson Road Attica, MI 48412
<b>Facility Telephone #:</b>	(810) 724-1791 06/25/2009
<b>Application Date:</b>	
<b>Capacity:</b>	9
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

06/25/2009	Enrollment
06/30/2009	Inspection Report Requested - Fire
06/30/2009	Inspection Report Requested - Health inv 1015990
07/13/2009	Application Incomplete Letter Sent
08/19/2009	Inspection Completed-Env. Health : A
10/07/2010	Inspection Report Requested - Health
10/28/2010	Inspection Completed-Fire Safety : A
11/01/2010	Application Complete/On-site Needed
11/01/2010	Inspection Completed-BCAL Full Compliance
11/01/2010	SC-Application Received - Original
11/22/2010	Inspection Completed-Env. Health : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Oakhill Adult Foster Care Home is a ranch style single level home located in the rural countryside of east central Lapeer County. Medical, mental health and social service facilities are all located in the nearby community of Lapeer. Social, religious and shopping opportunities are all found in the communities of Lapeer and Imlay City, both located within a short drive of the home.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

On October 28, 2010, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On November 22, 2010, the home was inspected by the Lapeer County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'X13'4"	173	2
2	12'X11'	132	1
3	12'X9'4"	112	1
4	10'X14'	140	2
5	9'5"X8'7"	80	1
6	10'X15'	150	2

The living, dining, and sitting room areas measure a total of 564 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **nine (9)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **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. The applicant intends to provide 24-hour supervision, protection and personal care to **9** (nine) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, physically handicapped, TBI and those with Alzheimer's disease in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from the Lapeer Community Mental Health agency.

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.

The licensee will provide all transportation for program and medical needs. 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**

The applicant is Redwood, Inc., which is a “Non Profit Corporation” was established in Michigan, on October 14, 1988. 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 Redwood, Inc. has submitted documentation appointing Reeta Smith as Licensee Designee 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 statements from a physician documenting their 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 9-bed facility is adequate and includes a minimum of 1 staff –to- 9 residents per shift. 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 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)), Cogent Systems Inc., 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.

## VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care medium group home (capacity 1 - 9).

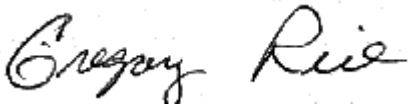


December 1, 2010

Bruce A. Messer  
Licensing Consultant

Date

Approved By:



December 1, 2010

Gregory Rice  
Area Manager

Date