



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

December 3, 2010

Lay's Management #2, LLC  
18554 Capitol  
Southfield, MI 48075

RE: Application #: AS630309984  
Lay's Management #2  
21341 Dartmouth  
Southfield, MI 49076

Dear Lay's Management #2, LLC:

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 (248) 975-5053.

Sincerely,

John Pochas, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 1000  
28 N. Saginaw  
Pontiac, MI 48342  
(248) 975-5085

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630309984
<b>Applicant Name:</b>	Lay's Management #2, LLC
<b>Applicant Address:</b>	18554 Capitol Southfield, MI 48075
<b>Applicant Telephone #:</b>	(313) 790-3322
<b>Administrator/Licensee Designee:</b>	Dana Burton
<b>Name of Facility:</b>	Lay's Management #2
<b>Facility Address:</b>	21341 Dartmouth Southfield, MI 49076
<b>Facility Telephone #:</b>	(313) 790-3322
<b>Application Date:</b>	08/23/2010
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

08/23/2010	Enrollment
08/27/2010	Application Incomplete Letter Sent SOS letter sent regarding Dana Burton.
09/30/2010	Application Incomplete Letter Sent
10/05/2010	Application Complete Onsite inspection needed
10/05/2010	Inspection Completed BCAL – Onsite
10/25/2010	Contact- Telephone call received ( OFS P. Tutak )
12/03/2010	Inspection Completed BCAL- Full Compliance
12/03/2010	Recommend License Issuance
12/03/2010	LSR Generated

### I. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 5/24/94.

#### a. Physical Description of Facility

Lays Management #2 is located at 21341 Darthmouth, Southfield, Michigan 49076. The home is situated north of 11 Mile Road and east of Lahser Road, in Oakland County, Michigan. Jessie M. Jordan, P.O. Box 461, Southfield MI 48037, is the owner of record for the property. The licensee is leasing the home from Ms. Jordan and a copy of the lease agreement is contained in the licensing record.

Lays Management #2 is a 2100 sq. ft. aluminum tri level home with an attached two car garage. The home is in a suburban area of similar construction homes. The home is nicely landscaped. The interior of the home is comfortable, and tastefully decorated.

The main entrance opens into a smaller foyer. To the right of the foyer is the kitchen. A spacious living room is located straight ahead and a dining room to the right of the living room. To the left of the entrance hallway and up one level are four bedrooms and one full bath. The fourth bedroom has its own bathroom attached. To the left of the entrance foyer and down one level, is a large family room, half bath, a fifth bedroom and an enclosed gas fired furnace which also includes the washer and dryer. A fire rated metal

door with self-closing hinges provides separation. The room is ventilated to the outside for proper combustion by an outside window.

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

<b><u>BEDROOM</u></b>	<b><u>DIMENSIONS</u></b>	<b><u>SQ. FOOTAGE</u></b>	<b><u>OCCUPANCY</u></b>
Bedroom # 1 (SE)	9'3" x 11'8"	110	1
Bedroom # 2 (NE)	10' x 10'7"	107	1
Bedroom # 3 (NW)	9'6" x 11'2"	107	1
Bedroom # 4 (SW)	13'8" x 12'1"	167	2
Bedroom # 5 (LSW)	10'2" x 9'	91	1

**Total Occupancy: 6**

Compliance with rule R400.14409 (6) was demonstrated at the time of final inspection.

Based upon the above information, this facility has the square footage necessary to accommodate up to 6 adults, as requested in the application.

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

The home has a large living room that measures 18'4" x 12'5", a dining area that measures 12'6" x 10', and a kitchen that measures 21'6" x 11'2". The proposed capacity for the home is 6. 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 bedrooms were properly furnished, clean and neat. Each bedroom has an easily operable window with screen, a mirror for grooming and a chair. The bedrooms all have adequate closet space for the storage of clothing and personal belongings. The bedrooms also have adequate lighting to provide for the needs of the staff and residents. The shower and bathtub area is equipped with required non-skid surfacing and handrails to assure resident safety in the maintenance of personal hygiene. The bathrooms were equipped with soap and paper towels for hand washing. I also observed that the facility was equipped with all required furnishings, linens, cooking and eating utensils.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

Lays Management #2 has public water and sewage services. Garbage disposal is supplied through City of Southfield. The kitchen and bathroom areas were evaluated and found to be adequately equipped and in clean condition. All necessary appliances were present at the time of final inspection. Poisons and caustics will be stored in a secured area not used for food storage or preparation. The home has adequate food

storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. Water temperature was tested at the time of final inspection and found to be within the acceptable range as defined by rule R 400.14401(2). The home also met the minimum requirements regarding food service (R 400.14402) and maintenance of premises (R 400.14403). Laundry facilities are located in the furnace room in the lower level. The washer and dryer were properly installed and the dryer vent was made of acceptable non-combustible material.

Based on the above information and observations, I found the facility to be in substantial compliance with Departmental requirements regarding environmental conditions.

## **2. Fire Safety**

The licensee installed a Kidde RFSM wireless smoke detection system to meet the requirements of R 400.14505. The Bureau of Fire Safety was consulted on this system and indicated that it was an approved system. The smoke heads are placed as required by the rule. The home has smoke detectors in the furnace and kitchen areas. The home also has fire extinguishers located on the main floor, which meet the requirements of R 400.14506. The home has more than two means of egress from the main floor, and the exit doors all meet the requirements of rules R 400.14507 and R 400.14509. The means of egress were measured at the time of final inspection and meet 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 doors have conforming hardware. The bedrooms of the home also have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R400.14504.

A gas forced air furnace system heats the facility. The furnace was recently inspected and the licensee supplied a copy of the report for review at the time of the final inspection. The licensee was advised that water temperature should be monitored on a regular basis. I found the electrical service (circuit breaker panel) to be adequate and in safe condition at the time of final inspection. The home was found to be in compliance with rules relating to interior finish, smoke detection equipment, fire extinguishers, means of egress, both generally and for bedrooms, heating equipment, flame producing equipment enclosures, and electrical service.

I reviewed the facility's emergency procedures, which contain written instructions to be followed in case of fire and medical emergency. 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 Southfield. The licensee understands the Departmental requirements relating to the maintenance of fire drill records with the licensee. The licensee has indicated that it is the licensee's intent to conduct fire drills at least on a monthly basis, one per shift per quarter, as well as to maintain a record of these fire drills, and resident performance during such drills.

Based upon the above observations and information, I found this facility to be in substantial compliance with administrative rules pertaining to emergency preparedness and fire safety.

### **3) Qualifications and Competencies**

The licensee designee, Ms. Vanessa L. Lay, has been involved in providing Adult Foster Care services to mentally ill and developmentally disabled individuals since 1977 in various capacities, such as Activity Therapist, case manager, supervisor and AFC licensee. Ms. Lay is the current licensee of the Lay Management (AS630280091).

Based on her previous experience, Ms. Lay has demonstrated that she has the administrative and management expertise to run the Adult Foster Care facility. Based on personal contact and materials submitted, I conclude that Ms. Lay has demonstrated competency as required by the rule R 400.14201.

At the time of the final inspection Ms. Lay indicated that there were no changes to report in information previously submitted in this application for a license. The licensee designee was advised of Departmental requirements relating to changes in information, as outlined under administrative rule R400.14103 (5), and has indicated that it is the intent of the corporation to assure continued compliance with this rule. The licensee was also reminded of Departmental requirements pertaining to posting of the license as outlined under rule R400.14103 (4), and has indicated that it is her intent to maintain compliance with this requirement.

Based on the above information, I have determined that Ms. Lay is in substantial compliance with rule R400.14103 regarding required information and reporting changes, and rules R400.14201, R400.14202, and R400.14205 regarding qualifications and health of the Licensee.

As required by the rule R400.14202, the home has a designated administrator. Ms. Dana A. Burton will act as administrator for Lay's Management #2. Based on the information submitted and information reviewed in the home at the time of the final inspection, Ms. Burton meets the requirements of the rules and is qualified based on her background and training to act as administrator for Lay's Management #2.

The licensee understands that in accordance with rules R 400.14307, R 400.14308, and R 400.14309 regarding behavior intervention and crisis intervention, individual intervention programs will only be used at the least restrictive level necessary as defined in the individual plan of service. Only trained staff shall implement such programs. Facility staff will not utilize seclusion or restraints. Documentation of the implementation of any behavior management program will be maintained in the facility and will be available at all times for Departmental review.

As mentioned above, the applicant submitted copies of the proposed admission and discharge policies to the Department for review and inclusion in the licensing record. I

have reviewed the documents and determine that they do not conflict in content or intent with current rules and are therefore acceptable as written. 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 and the minimum requirements of rule R 400.14206.

Individuals who are interested in placement into the Lay's Management #2 should contact Ms. Lay at the facility. The licensee designee also understands that the facility will conduct its own evaluation and written assessment of any individual who is referred for placement. The purpose of this assessment is to judge whether the individual fits the criteria established in the home's program statement and is compatible with the current residents. A resident care agreement and a current health appraisal are also required at the time of admission. Based upon the above information, the facility is found to be in substantial compliance with requirements of rule R400.14302 pertaining to admission and discharge.

## **b. Program Description**

### **4) Facility and Employee Records**

I have reviewed Lay's Management #2 LLC's personnel policies and determined that they do not conflict with statutory or administrative rule requirements. The job descriptions for Lay's Management #2 were reviewed and submitted to the department. They are acceptable as written. I have also discussed with the licensee designee the good moral character requirements as related to the hiring of staff. Particular attention was placed upon the new rule related to the determination of good moral character by the licensee (R 400.14734b). I have reviewed the process that the corporation follows and find it meets the intent of the administrative rules. The licensee is well aware of the requirements for employee records based on previous experience in Adult Foster Care.

#### **a) Facility Records in General (Rule R400.14209)**

The resident care agreement proposed for use in this facility is the current Department resident care agreement. Departmental requirements pertaining to maintaining a resident register, as required under rule R400.14210 have been discussed with the licensee and the licensee indicates that it is her intent to comply with this requirement. Copies of required Department forms were also given to the applicant during the course of the pre-licensing period. The applicant indicated that she understands the Department requirements for record keeping.

Home menus have been discussed and the applicant understands the requirements set forth in rule R400.14313 and has indicated that the home will meet the requirement with respect to nutrition and menus as stated in the rule. Ms. Lay has been advised that all working menus are to be dated, prepared in advance, and that any changes or substitutions may be reflected on the working menus. Menu records are to be maintained in the facility for a period of one year. The licensee designee was also

advised that a licensed physician must order any special diets implemented in the home.

#### **b) Employee Records (rules R400.14204 and R400.14208)**

Based on the licensee's previous experience, the licensee is well aware of the requirements for staff qualifications and training and intends to comply with the rules. The licensee understands that all employees must submit to a pre-employment physical, which includes a TB tine test. The results of the test are obtained before employment begins. The licensee will also verify age and check references before a person is offered employment. The licensee provides an orientation and training of its 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. Evidence of staff training will be maintained in the employee records for future Departmental review. Based upon our conversation at the time of inspection, the administrator/ licensee designee understands and intends to comply with the requirements of rules R400.14204 and R400.14208.

#### **5) Resident Care, Services, and Records**

Departmental requirements pertaining to resident records as specified in rule R400.14316 were discussed with the Licensee. The Licensee has indicated that it is the corporation's intent to comply with these requirements. During the course of the pre-licensing investigation, I advised the licensee designee of Departmental requirements pertaining to resident rights and prohibited practices as outlined under rules R400.14304 and R400.14308. The licensee attests that it is the intent of the corporation to achieve and maintain compliance with these requirements.

Also discussed were Departmental requirements pertaining to incident and accident reports, as outlined under rule R400.14311 and the requirements for safeguarding and distributing of prescription medication as outlined in rule R400.14312. The licensee has again indicated that it is her intent to achieve and maintain compliance with these requirements. I determined that the facility was in substantial compliance with Departmental requirements pertaining to investigating and reporting as stipulated in rule R400.14311, resident medication as stipulated in rule R400.14312, and resident rights as outlined in rule R400.14304.

I discussed the rules pertaining to the handling of resident funds with the administrator/ licensee designee at the time of the final inspection. The licensee was provided with copies of the Department forms Resident Funds and Valuables Parts II & I. The licensee is aware that these are required forms and an alternate form cannot be used unless the Department approves the form. Compliance will be evaluated at the time of renewal.

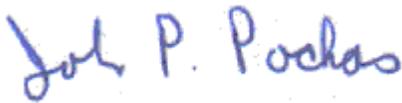
The applicant stated that she has an understanding of the rule R400.14317 relating to resident recreation and intends to comply through an activity schedule for the home which will expose the residents to a variety of community based recreation and leisure time activities.

The licensee designee is aware of the requirements of rules R400.14318 and R400.14319, and assures me that the licensee will comply with the requirements of the rules regarding emergency and regular transportation.

In conclusion, the facility, by virtue of observation, interview, and review of program documentation, is found to be in substantial compliance with Departmental requirements relating to resident care, services, and records. A more complete evaluation of resident services will be made at the time of license renewal.

## II. RECOMMENDATION

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



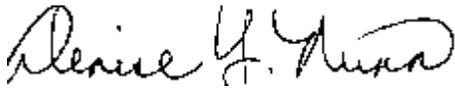
12/03/2010

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John Pochas  
Licensing Consultant

Date

Approved By:



12/03/2010

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Denise Y. Nunn  
Area Manager

Date