



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 28, 2011

Karen Harris
Integrated Living, Inc.
43133 Schoenherr Road
Sterling Heights, MI 48313

RE: Application #: AS630312390
Indianwood AFC Home
5115 Indianwood
Clarkston, MI 48348

Dear Mrs. Harris:

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,

Ian Tschirhart, Licensing Consultant
Bureau of Children and Adult Licensing
28 N. Saginaw, Suite 1000
Pontiac, MI 48342
(248) 975-5084

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630312390
Applicant Name:	Integrated Living, Inc.
Applicant Address:	43133 Schoenherr Road Sterling Heights, MI 48313
Applicant Telephone #:	(586) 731-9800
Administrator/Licensee Designee:	Karen Harris, Designee
Name of Facility:	Indianwood AFC Home
Facility Address:	5115 Indianwood Clarkston, MI 48348
Facility Telephone #:	(248) 256-6043
Application Date:	02/16/2011
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

02/16/2011	Enrollment
02/18/2011	Inspection Report Requested - Health 1018427
02/18/2011	Contact - Document Sent Rule & ACT Books
02/18/2011	Application Incomplete Letter Sent 1326 for Karen Harris
02/22/2011	Contact - Document Received 1326 for Karen Harris
02/23/2011	Application Complete/On-site Needed
02/23/2011	File Transferred To Field Office Pontiac
02/28/2011	Application Incomplete Letter Sent
03/28/2011	Inspection Completed On-site
03/28/2011	Inspection Completed-Env. Health : A
03/28/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Indianwood AFC Home is located at 5115, Clarkston, (Oakland County) Michigan 48348. It is a ranch home with aluminum siding and an attached garage. The home does not have a basement.

The home is owned by Lyle Hotchkiss. A Tax Summary for Calendar Year 2010 was submitted, which has his name on it. Mr. Hotchkiss has provided written permission for the State of Michigan to enter and inspect the property.

A copy of the lease was submitted by the applicant and is contained in the file. This home was previously licensed under a different corporation.

The interior of the home is spacious, comfortable, clean, and well maintained.

The hot water heater and furnace are in a mechanical room that can only be accessed from outside. That room has a 1¾ inch solid core door that self-closes and self-latches.

The home is made up of an office, a combination family room/dining room area, living room, kitchen, two full baths and four bedrooms. The home has a patio and a covered front porch.

Resident bedrooms were found to be of the following dimensions and accommodation capability:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	15' x 14'10"	222	2
Bedroom 2	11'1" x 16'6"	182	1
Bedroom 3	11'1" x 17'1"	189	1
Bedroom 4	11'1" x 17'5"	193	2

Total occupancy for **6** residents.

The living space for the home measured at a total of 547 square feet. Therefore, there is 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, and also have adequate lighting to provide for the needs of the staff and residents.

The home has two full bathrooms, one with a shower stall and one with a bathtub. The bathrooms are equipped with the required non-skid surfacing and handrails to assure resident safety in the maintenance of personal hygiene.

The facility's emergency procedures include 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 Ortonville.

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. There are four ABC fire extinguishers in the home.

The applicant has indicated that it is the corporation's intent to conduct fire drills during the day, afternoon, and sleep hours on a quarterly basis, as well as to maintain a record of these fire drills.

Indianwood AFC Home has private water and private sewage services. The Oakland County Health Department conducted an inspection of the water supply on April 12, 2010, when the home was operated by another corporation, and found it to be in substantial compliance with the rules. A request for a more current Health Inspection was made on February 18, 2011.

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 **six** (6) male and/or female ambulatory adults between the ages of 18 and 90, whose diagnosis is developmentally disabled, 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. The applicant intends to apply for Special Certification for the Developmentally Disabled population. Macomb-Oakland Regional Center, Inc. (MORC) has submitted a document entitled *Intent to Contract*, which states its intent to provide contractual support services for the residents at Indianwood AFC Home.

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 reliable transportation for program and medical needs, and will keep a first aid kit in the vehicle. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

The applicant is Integrated Living, Inc., which is a non-profit corporation, and was established in Michigan in 1992. 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. Integrated Living, Inc. operates five other adult foster care homes.

The applicant has submitted documentation appointing Karen Harris as Licensee Designee, Glenda Simmons as the Home Manager, Administrator, and Responsible Person for this facility. Also, a Board of Directors chart was submitted.

A licensing record clearance request was completed with no Law Enforcement Information Network (LEIN) convictions recorded for Ms. Harris or Ms. Simmons.

Medical clearances with statements from a physician documenting the good health and current TB-tine negative results of Ms. Harris and Ms. Simmons were also submitted.

The licensee designee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Harris has a Master of Science Degree in Occupational Therapy, with an Education/Administration specialty. She worked as a Director of Physical Medicine and Rehabilitation, Assistant Director of Occupational Therapy, Educational Coordinator, Program Coordinator and Clinician, and Occupational Therapist for a combined 13 years. Ms. Harris has also owned and operated (as CEO) several care facilities for vulnerable adults, including adult foster care homes, for approximately 19 years. She has also attended dozens of conferences and seminars covering subjects related to care of vulnerable adults.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff-to- six 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 one staff to-six residents 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), and the related documents required to be maintained in each employee's 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 small group home (capacity 1 - 6).



Ian Tschirhart
Licensing Consultant

March 28, 2011
Date

Approved By:



Denise Y. Nunn
Area Manager

March 28, 2011
Date