

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



MAURA D. CORRIGAN DIRECTOR

February 29, 2012

Cynthia White Neighborhood Residential Inc. Suite B 45199 Cass Ave Utica, MI 48317

> RE: Application #: AS630312997 Terova Home 2448 Terova Troy, MI 48098

Dear Ms. White:

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 3 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 (586) 228-2093.

Sincerely,

Explanic William

Stephanie A. Williams, Licensing Consultant Bureau of Children and Adult Licensing 39531 Garfield Clinton Township, MI 48038 (586) 228-3934

enclosure

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

## I. IDENTIFYING INFORMATION

License #:	AS630312997		
Applicant Name:	Neighborhood Residential Inc.		
Applicant Address:	Suite B		
	45199 Cass Ave		
	Utica, MI 48317		
Applicant Tolophone #	(596) 727 0272		
Applicant Telephone #:	(586) 737-0273		
Administrator/Licensee Designee:	Cynthia White		
Name of Facility:	Terova Home		
Facility Address:	2448 Terova		
	Troy, MI 48098		
Facility Telephone #:	(248) 689-7572		
Application Date:	04/01/2011		
Capacity:	3		
Program Type:	DEVELOPMENTALLY DISABLED		

# II. METHODOLOGY

04/01/2011	Enrollment
04/07/2011	Contact - Document Sent Rule & ACT Books
04/07/2011	File Transferred To Field Office Pontiac
04/18/2011	Application Incomplete Letter Sent
09/06/2011	Contact - Telephone call made Spoke with Ms. White to schedule preliminary inspection.
09/15/2011	Inspection Completed On-site
02/06/2012	Contact - Document Sent Email sent to Ms. White, licensee designee.
02/10/2012	Contact - Document Received Supportive documents received from Ms. White.
02/13/2012	Contact - Document Received Supportive documents received from Ms. White.
02/23/2012	Contact - Document Received Supportive documents received from Ms. White.
02/29/2012	Inspection Completed On-site
02/29/2012	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a brick ranch-style home with an attached, two-car garage with a wooden deck at the rear of the home with no basement. The home is not wheelchair accessible. The property is fully landscaped and the rear yard is enclosed with a fence. The home is located in a residential neighborhood in the city of Troy, a suburb north of the City of Detroit. The home and surrounding community are serviced by public water and sewage systems. Medical, educational, and social resources are located within close proximity to the home in the surrounding community.

Terova Home features an interconnected smoke detection system which has been inspected and certified as being in good operating condition by a qualified inspection service and is audible throughout the home. Fire extinguishers have been installed and mounted as required in the home and in the garage. The home is heated by gas, forced-air furnace located in the garage; complete with a 1<sup>3</sup>/<sub>4</sub>-inch solid core door equipped with an automatic self-closing device and positive-latching hardware. The heat plant has been inspected and certified as being in good operating condition by a qualified inspection service. The home features central air conditioning and first floor laundry room. The home also has a doorwall leading to the rear deck.

The family room is located off of the front entrance and kitchen. The living room includes a brick fireplace which has been sealed and will not be used per the licensee. The home features a full bath in the bedroom area of the home and another bathroom in bedroom#3. I measured all community living space and bedrooms within the home to determine occupancy limits. The measurements, square footage, and capacity limits are as follow:

Dining room	11'7" x 11"	127.38 square feet
Family room	12" x 15'3"	183 square feet
Living room	13' x 19'9"	256.75 square feet

Total square footage of community space: 567.13 square feet.

Bedroom #1	10'10" x 16'6"	178.70 square feet	1 Resident
Bedroom #2	9'6" x 10'2"	96.62 square feet	1 Resident
Bedroom #3	10'5" x 10'	104.2 square feet	1 Resident

The square footage of community space is adequate for the facility to accommodate up to three AFC residents. The square footage of bedroom #1 has the capacity to accommodate two residents however Ms. White stated that bedroom #1 will only have one resident. The dining room meets the requirement of Rule 400.14405 (8) and both the family room and living room are appropriately furnished. All bedrooms are fully furnished and meet the requirement of Rule 400.14410.

### **B.** Program Description

The application was received 4/11/2011 and is for a change of licensee. The Terova Home (formerly known as Auburn Hills) had been contracted by DA Residential under contract with MORC and, by change of contract, is now operated by Neighborhood Residential Incorporated. The application, admission policy, and program statement for this facility specify that the facility will service a maximum of three adults both males and females diagnosed with developmental disabilities under contract with Macomb Oakland Regional Center (MORC). Due to the contractual relationship, the licensee also applied for special certification endorsement to service individuals with developmental disabilities.

Neighborhood Residential, Incorporated is an established corporation licensed in the State of Michigan. The Corporation currently operates six other licensed adult foster care facilities in Macomb and Oakland counties. The licensee designee and administrator, Cynthia White, is experienced in the provision of adult foster care and has submitted documentation verifying that she meets the educational and training requirements specified by the rule. Licensing clearance requests and Medical clearances including tuberculosis testing results have been received and approved. The applicant has submitted financial documentation to verify financial capability and stability of this corporation.

I have reviewed the personnel policies; job descriptions, staffing plan, and house rules submitted by the applicant and found that they meet all of the requirements. The applicant was provided with technical assistance on the statutory requirements (Section 734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service to residents. Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident, and employee record keeping, including the handling and accounting of resident funds.

### C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules.

### IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification for the developmentally disabled to this AFC adult small group home (capacity 3).

Stohenic William

02/29/2011

Stephanie A. Williams Licensing Consultant

Date

Approved By:

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02/29/2012

Denise Y. Nunn Area Manager Date